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SECRETARY OF SHANDARD TALLAHASSET FIRE STANDARD

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	PEFFER SCOL EN	Thouse of hypatited Liability Company	ellc
The enclosed Articles of E	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Frey Pivaral Name of Person Of house hype Firm/Company	UC
		OMAD ST Address	
	Lake wo	City/State and Zip Code Shark Of hype @ 1 to be used for future annual report notifi	gmail-com
For further information co	ncerning this matter, please ca		
Jeffrey Name of	Avaral Person	at (501_) <u>1085 -</u> Area Code Daytime	Y 17 Telephone Number
Enclosed is a check for the	e following amount:		
√ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Struit Addross	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JAN -4 AM 11: 22

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

-SECRETARY OF STATE FALLAHASSEE, FLORG

The Articles of Organization for this Limited Liability Compan	y were filed on 1214121	and assigned
Florida document number <u>L 2100051Y 786</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		 -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Estantis name con the rest to the second		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la Zip Code
	City	ząr Coae

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

, If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>m6</u> e	Janet Pivaral	305 North DST	□Add
		Lake worth, fr 33460) (XRemove
			□Change
MER	Jeffrey Pivaral	305 NOVAL D ST	□Add
		Lake worth, FL 33460	Remove
		Change Title to "Ambe"	X)Change
			🗆 Add
			□Remove
			□Change
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.,	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the	date, if other than the date of filing:
e record sp rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	12 27 . 2021.
	12 2021. Signature of a member or authorized representative of a member
	Jeffrey Pivar ou Typed or printed name of signee