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Office Use Only



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COVER LETTER

TO: Registration Seconds Division of Corp			111
SUBJECT (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Se life So Name of Limit	UR (Frücker led Liability Company	5 4c
The enclosed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	EtreNNE	Name of Person	
		Firm/Company	
	1983 46th to	Crace SW Address	
	3	City/State and Zip Code	
		S (a) a way . Co o be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	II:	
Tima Name of	Resemble FPerson	at (1-9511) 200 51 Area Code Daytimo	: Telephone Number
Enclosed is a check for th	ne 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:
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

Name of the Limit	ed Liability Company as it no (A Florida Limited Liability Company)	OW ADDEARS ON OUR FECO	prds.)		
The Articles of Organization for this Limited Life Florida document number \(\frac{100052}{200052} \)	iability Company were file 2 <u>6199</u>	ed on <u>12/15/2</u>	1021	and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	fthe limited liability com	pany here:			
The new name must be distinguishable and contain the w	ords "Limited Liability Compa	iny," the designation "L	LC" or the abbrevi	ation "L.L.C."	_
Enter new principal offices address, if applic	able:			282	_
(Principal office address MUST BE A STREE	T ADDRESS)			T .	_
	 -			(). ().	-
Enter new mailing address, if applicable:				্ট	_
(Mailing address MAY BE A POST OF FICE	<u>BOX)</u>		꽃.	<u> </u>	_
			91 91		_
B. If amending the registered agent and/or ragent and/or the new registered office address		on our records, <u>ent</u>	er the name of	the new registe	<u>ered</u>
Name of New Registered Agent:	EtIENNE	HOS	NNY		_
New Registered Office Address:	1983 46th.	Enter Florida street add	SIN /		_
	Naples		Florida <u>3U</u> Zi	p Code	_
New Registered Agent's Signature if changing I	Pagistared Agents				

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	ETTENNE SOHNNY	1983 46th + Errore &W Nog	Add Add
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ective date, if other than effective date is listed, the date: If the date inserted in the cument's effective date on the	te must be specific and ca his block does not mee	unot/be prior fo d et the applicable	ate of filing or more	than 90 days after fili	ing.) Pursuant (
cord specifies a delayed ef s filed.	Tective date, but not an	i effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th day	y after the
	2022					
ed 02/17/ 7			•			
ted <u>02/17/</u>	Signature of a mer	uv Ft	65 MVB			