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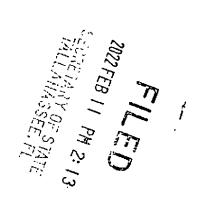
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Y. SCOTT FEB 1 9 2022

COVER LETTER

TO:

Registration Section Division of Corporations

		(100-11)	
SUBJECT: <u>CAC</u>	Y L'CONGELT C Nume of Lim	LEATINE LLC ited Liability Company	_
The enclosed Articles of An	nendment and feets care sub	mined for filing	
Please return all corresponde	mee concerning this matter	to me following:	
	JAMES V.	HARTINGEX III	
		Name of Person	
		Firm Company	
	Z195 EL	LAGO WAY	
		Address	202
		FLE FL 32224 City State and Zip Code	27FEB
	Castir h-mail address (ongr.+Pgma:1-co	ZOZZ FEB 11 PH 2: 13 TALL AHAS SEE, FATE Station
For further information conc	erning this matter, please co	all:	12 S.
JAMES HACT	INGER	at (<u>404</u>) <u>662</u> Area Code Dayting	न् <u>य 870</u>
Name of Pe	मंडमी	Area Code Daytimo	e Telephone Number
Enclosed is a check for the t	ollowing amount:		
\$25,00 Filling Lec	□ \$30,00 Filling Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed.	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	•
Tallahassee, Fl. 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO. ARTICLES OF ORGANIZATION **OF**

(ASTIRONGRIT	CREATIVE LLC
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Lability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 21000532768</u> .	ny were filed on 5 12 20 202 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited li</u>	of LLC
The new name must be distinguishable and contain the words "Limited Lia	ability 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 BON)	TEB I PH 2: 13
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Ecter Florida street address
	, Florida
	Cay Zip Code

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
			ПRеточе
			□Add
			□Remove
			The Both ange
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