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COVER LETTER

Divi	sion of Corp	orations			
SUBJECT:	E&A Corbet	t Enterprises LLC			
		Name of Lim	ited Liability Company		
The enclosed	Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		ASHLEY PEARSON			
			Name of Person		
	Name of Person Firm/Company 4425 CAROLWOOD ST Address ORLANDO. FL 32812 City/State and Zip Code info@eacorbettenterprises.com E-mail address: (to be used for future annual report notification concerning this matter, please call: bett at (
		4425 CAROLWOOD ST			
			Address		
		ORLANDO, FL 32812			
			City/State and Zip Code	c	
		-		al report notifien	tion t
				аттероп пописа	tion)
For further in	iformation co	ncerning this matter, please c	all:		
Ashley Corb	ett			86-3797	
	Name of	Person		Daytime To	elephone Number
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	filing Fee	_	Certified Copy		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mai	iling Address	:	Street .	Address:	

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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TO:

Registration Section

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

E&A Corbett Enterprises LLC	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparing document number <u>L22000000509</u>	any were filed on 21 December 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	iability company here:
The new name must be distinguishable and contain the words "Limited L	inbility 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	Suite 230 Ovlando, FL 32822
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4425 Cavolwood St Orlando, FL 32812
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent: Ashley N. C	Corbett
New Registered Office Address: 4425	5 COYO WOOD St Enter Florida street address
_Ov1	ONO Florida 32812 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
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
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d is filed.										
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	<u></u>	Ok	Signature of	a member	or authorized	representative	of a member			

ET CASA