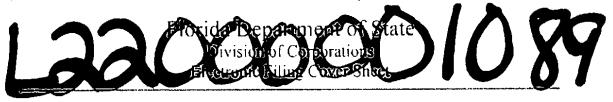
2/25/22, 4:44 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220000744313)))



H220000744313ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : C T CORPORATION SYSTEM
	Account Number : FCA000000023
	Phone : (954)208-0845
_	Fax Number : (614)573-3996
=	
<u>.</u>	
	the email address for this business entity to be used for futur nnual report mailings. Enter only one email address please.**
**Enter a:	
Enter a:	nnual report mailings. Enter only one email address please.
Enter a:	nnual report mailings. Enter only one email address please.
Enter ar	nnual report mailings. Enter only one email address please. mail Address:
Enter ar	nnual report mailings. Enter only one email address please.

tificate of Status	0
tified Copy	1
e Count	04
imated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help T. LEMIEUX
MAR 0 1 2022

ARTICLES OF AMENDMENT TO , ARTICLES OF ORGANIZATION OF

•	
•	
y as it now appears on our records.) ability Company)	
vere filed on 1/3/2022 and assigned	
ity company here:	
y Company," the designation "LLC" or the abbreviation "L.L.C."	-
	_
	_
	_
	-
	-
	-
ice address on our records, enter the name of the	new
	_
Enter Florida street address	-
. Florida	
City Zip Code	-
	as it now appears on our records.) bility Company) ere filed on

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

Page: 3 of 5

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

19548277645

To: +18506176383

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
		-	☐ Remove
			☐ Remove
			☐ Change
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change

				_
			•	
	<u></u>			_
				_
				_
	<u> </u>			
			<u> </u>	_
				_
				_
			· · · · · · · · · · · · · · · · · · ·	
 			-	
ffective date, if other than the dat an effective date is fisted, the date must be lote: If the date inserted in this block ocument's effective date on the Depar	specific and cannot be prior does not meet the applic	to date of filing or more than able statutory filing requ	(optional) in 90 days after filing.) Pursuant to direments, this date will not be	605.0207 listed as
sciment's effective date on the Depar	them of State's records			
e record specifies a delayed ef The 90th day after the record	fective date, but no is filed.	t an effective time,	at 12:01 a.m. on the ea	rlier of
Enhance 25	วกวา			
February 25 ated		<u> </u>		
	Is Ana T. Mi	rquez orized representative of a n		
	autora of a manufactor or coal.	winds contraction of a a	neur ber	