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A. RIVERS JUL 2 2 2023

COVER LETTER

TO:	Registration Sec Division of Corp			
SHRIF	cr. പി:152	on Maine 110		
30032	or <u>mail</u>	on Alcime LLG Name of Lim	nited Liability Company	
The end	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspon	ndence concerning this matter	to the following:	
		Wilson Alcim	ne	
			Name of Person	
			Firm/Company	
		6637 Connins	Nower Circle Aft B3	
		Nafles FL	City/State and Zip Code Compared to be used for future annual report notification)	
		wilson - 10°	e R 60 Yel G	
		E-mail address: (t	to be used for future annual report notification)	
For furt	her information co	oncerning this matter, please ca	all:	
100	huna Al	Civre	at (754) 2247676	
	Name of	Person	at (75H) 22H 7676 Area Code Daytime Telephone Number	
Enclose	d is a check for the	e following amount:		
□ \$2 5	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filin Certified Copy (additional copy is enclosed) Certificate of (additional copy)	of Status &
	Mailing Address		Street Address:	
	Registration S Division of Co		Registration Section Division of Corporations	
	P.O. Box 6327	7	The Centre of Tallahassee	
	Tallahassee, F	L 32314	2415 N. Monroe Street, Suite 810	1

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wilson Alcime LLC		
	y as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number 220006479 .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u>.</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1130 Cleekside PKW 34108. PO BOX	y Nalles FL 11226
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
New Registered Office Address:		SEC 373
New Registered Office Address.	Enter Florida street address Florida	MAY 22
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		DR -
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a rovided for in Chapter 605, F.S. C	m familiar with and Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change

	aiill	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the occument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the list filed.	_	
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ated 01/16/2023	ne record : ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rull	Dated <u></u>	
Signature of a member or authorized representative of a member		(C)
Typed or printed name of signee		Nitha Alrime.