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(Requ	estor's Name)	
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(Busin	ness Entity Name)
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COVER LETTER

TO: Registration Section Division of Corpor		•	
SUBJECT:	rever 101	110	
SUBJECT: 1 O		ited Liability Company	
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
_	Jarquis	Dolphus	
	. 0	Name of Person	
_			
		Firm/Company	
-	2023 000	nge Center P	blvd. Apt. 12202
-	Orlando,	Florida 328 City/State and Zip Code	101
_	forever 101 E-mail address: (1	Florida 328 City/State and Zip Code Fam & gmail. Code to be used for future annual report not	ification)
For further information conce	erning this matter, please ca	all:	
Jarquis Name of Per	<u>Sclohus</u>	at (407) 508 - Area Code Daytim	- 648 ne Telephone Number
Enclosed is a check for the fo	llowing amount:		
□ \$25.00 Filing Fee □	S30.00 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:		Street Address:	
Registration Sect		Registration Se	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 []

2022 HAR -4 AM 7: 37 imited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 14, 202 and assigned Florida document number L2200031170 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

Orlando, Florida 3280

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
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Filing Fee: \$25.00