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(Re	equestor's Name)	
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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Section Division of Corpora		•	e P		
SUBJE	ст: <u>Ал\sy'</u>	Factsylife, 1	ed Liability Company		, u	- *
The end	closed Articles of Amo	endment and fee(s) are subm	nitted for filing.			
Please	retum all corresponder	nce concerning this matter to	o the following:			
	-	Shannon	Horovskiy Name of Person			
	-		Firm/Company			
		5800	County roa	7 508		
	-	St. August	City/Stale and Zip Code	7097		
	_	Shocovsky (to E-mail address) (to	be used for future annual	report notification)		
For fur	ther information conce	erning this matter, please cal	11:			
Sh	Name of Per	COVSKY	at (<u>Q 0 4</u>) <u>{</u> Area Code	S26 - 935 Daytime Telephor	ne Number	_
Enclose	ed is a check for the fo	llowing amount:				
1 \$2.	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing F Certificate of S Certified Copy (additional copy i	Status & y

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

Street Address: 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

2022 FFB 28 AM 7: 21

d Liability Company as it now appears on our records.)/ OF STATE
A Florida Limited Liability Company)
The Link Research The Articles of Organization for this Limited Liability Company were filed on O\ /\8/2022 and assigned Florida document number L 22000031976 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: Enter Florida street address Citv

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
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
the record ford is file	I 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 ed.
Dated	02/04/2022
	Shannon-torustus Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Shannon Horovskiy Typed operinted name of signee

Filing Fee: \$25.00