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Division of Corporations

Florida Department of State

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COVER LETTER

	Registration Sec Division of Corp		•		
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Name of Limited Liability Company					
The encl	osed Anicles of A	Amendment and fee(s) are sub-	nitted for filing.		
Please re	eturn all correspor	ndence concerning this matter (to the following:		
		Cheyenne Moselcy			
		.,	Name of Person		
		Legalzoom.com, Inc.			
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		willc66@live.com		···	
		E-mail address: (to be used for future annual report notif	fication)	
For furt	ner information co	oncerning this matter, please co	nil·		
Cheyen	ne Moseley		800 773-0888		
	Name of		Area Code Daytune	e Telephone Number	
Enclose	d is a check for th	e following amount:			
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our reemids,)
(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000049120</u>	were filed on 01/27/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	, Florida, Zip Code
Nov. Registered Agent's Signature, if changing Registered Agent.	<u>.</u>
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as 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 am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
AMBR	Jeannic Robert	3637 Casalta Circle, New Smyrna Beach, FL 32168	= Add
			
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dame	ent's effective date on the Department of State's records.
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