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(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corpo		1	
SUBJECT:	Zhalani Name of Limi	LCG'ST'CS GARA	Respubs (CC
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	<u></u>	rod Degra	
		Name of Person	
	_		
		Firm/Company	
	3499	Sw Voyager	strect
		Address	
	Port St	Luie fl	34953
	iral bear	City/State and Zip Code 1926 gma, 1,000 to be used for future annual report notif	ication)
For further information con-	cerning this matter, please ca	-	(Californ)
Tred	Beard	at (234) 544— Area Code Daytime	214
Name of P	erson	Area Code Daytime	: Telephone Number
Enclosed is a check for the	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 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

Name of the Limited Liab	Shees Company as	it now appea	rachels	llc		
(A Flori	ida Limited Liabili	ty Company)	,	, ,		
The Articles of Organization for this Limited Liability Florida document number <u>L 220005581 8</u>		filed on <u>O</u>	1/02/20	22	and assigned	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin 2 h c q n The new name must be distinguishable and contain the words "Li	Fot	e Prise	710	" or the abbrev	iation "L.L.C."	_
Enter new principal offices address, if applicable:						_
(Principal office address MUST BE A STREET ADE	ORESS)					_
	_				- 3	
Enter new mailing address, if applicable:			_			_`
(Mailing address MAY BE A POST OFFICE BOX)					"	_
						_
B. If amending the registered agent and/or register		ess on our r	ecords, <u>enter</u>	the name of	the new regis	<u>tered</u>
agent and/or the new registered office address here	:				, >	
Name of New Registered Agent:						_
New Registered Office Address:						
		Enter Flo	rida street addre:	VS.		
			, Fl	orida		_
	(Tity .		-	Zip Code	

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Add
			🗆 Remove
			□Change
			□Add
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			_Add
			□Remove
			Change .

If an e Note:	tive date, if other than the date of filing:
e reco rd is t	ord 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 filed.
Dated	Jenucry 2nd. 2024
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

.

Filing Fee: \$25.00