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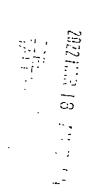
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COVER LETTER

Division of Cor			
SUBJECT:	ROIN SMO)	AR BBO L.L.C.	<u>. </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Sclene Holbros	<u> </u>
		ROLL Suche Biso	L.L.C.
		271 Dixie Belle De Address	Stel
	0	Marcho FL 37816 City/State and Zip Code	
		hdbrod 1846 mail to be used for future annual report noti	
For further information c	oncerning this matter, please ca	all:	
Seleva Name o	Holbrack Person	at (815) 871 Area Code Daytim	3455 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 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 Addres Registration S		Street Address: Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee, I	L 32314	Z410 IN. IVIONIO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 HOR 18 AND 15 UN (Name of the Limited 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 ____01/31/2022 ___ and assigned Florida document number <u>LZZ000061523</u> 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 _, Florida ___

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
MGR	Jehnel Tidesler	2071 Divic Belle Dr. Und	<u>L</u> □Add
		Orlando A 32812	Remove
			□Change
MGR Yassi Habrook	Yussi Habroon	5019 ochard Ave	
		Rockford Il 6/108	Remove
		□Change	
MGK Sclera Holbrook	Sclera Holbrock	2071 Dixic Bulk Dr	Xadd
		Unt	□Remove
	Orlando FL 32812	□Change	
			□Add
			□Remove
			□Change
			DAdd
			Remove
			□Change
			[]Add
			□Remove
			Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
-	
If an effe Note:	tive date, if other than the date of filing: (optional) ctive 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) fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
e record rd is file	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_	03/08.1022.
	Signature of a member or authorized representative of a member
	Selva Holbrach Typed or printed name of signee