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S. PRATHER

COVER LETTER

TO: Registration Section Division of Corpor			
Chei	Hay (19an)	Na LUG	
SUBJECT:	Name of Limit	ed Lighility Company	
The enclosed Articles of Am	nendment and feets) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	<u> ERIKA</u>	CANHERO Name of Person	
	LIE.	Firm/Company	FNUS LLC
	PO Box 7	2612 Address	
	Nood	City/State and Zip Codes	0188
-	E-mail address: (10	thy state and 2.17 Course to be used for future annual-report pot	Man, CW
For further information cons	cerning this matter, please cal	I:	
ERIYA C	antero	ar, 678, 643	- 0714 ne Telephone Number
Name of Pe	rison	Area Code Dayun	te retembne Number
Enclosed is a check for the i	ollowing 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 Address: Registration Sec	ction	Street Address: Registration Sc	ection
Division of Cor		Division of Co	rporations
P.O. Box 6327 Tallahassee, FL	32314	The Centre of ' 2415 N. Monro	rananassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION	2028 3.LT	
(Name of the Limited Liability Company as it now appears of our records.) (A Florida Limited Liability Company)	2022 JUN 17 PM	
The Articles of Organization for this Limited Liability Company were filed on $\frac{02}{07}\frac{07}{2022}$ Florida document number $\frac{122000002372}{1202000000000000000000000000000000000$	and assigned) - ד
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 abb	reviation "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 agent and/or the new registered office address here:	of the new regi	stered
Name of New Registered Agent:		
New Registered Office Address: Enter Florida street address		
, Florida		
City	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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address		Type of Action
MER	Marria D	a Cunha Henrig	ine 323 Mour	Hein Dr. Uni	13 Add
			Destin, FL		
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If amending any other info							
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the content of the co	iis block does	not meet the app	plicable statutory	g or more than 90 y tiling requirer	(optional days after filin ments, this dat	l) g.) Pursuant to e will not be	605.0207 (listed as t
he record specifies a delayed efford is filed.	Pective date, bu	it not an effectiv	e time, at 12:01	a.m. on the ear	lier of: (b) - T	The 90th day a	riter the 2022
Dated JUNE	Ц	2.0	22.			#114.98 14.08	JUN -
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•	 Signature 	ora megaser ora	autionized represe.	man cora mem		, .	

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