	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
,	(Business Entity Name)
	(Document Number)
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: ZUG	Name of Lim	NCE AND HOUSE ited Liability Company	WEEPING LLC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	348 CARM	Name of Person Finn/Company EM POCSO WAY Address FLORDA # 3 City/State and Zip Code 77 CHOT MASL. C. to be used for future annual report notice.	
For further information of	oncerning this matter, please ca	all:	
Name o	f Person	at () Area Code Daytim	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 Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Second Division of Core The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited)	TE AND HOU	OSEKEEP PNG. LLC.
(A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $\underline{\mathcal{L}}_0$	24 and assigned
Florida document number <u>L2200076501</u>		, ,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
		<u></u>
		1
Enter new mailing address, if applicable:	<u>. </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet 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.

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
MOR	IVAN ZURPTA	348CARMENROGO WAY	□Add
	_	TALLAHASEE. FL # 32305	Remove
			Change
MOR	GANDRA GALEAS	349 CARMENROCIO WAY	□Add
		#32305 TALLAHASSE.	FL Remove
			Change
			□Add
			□Remove
			□ Change
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fan effec <u>Note:</u> If	ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or mor If the date inserted in this block does not meet the applicable statutory filing sent's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.02 equirements, this date will not be listed	207 (. as t
record : d is filed	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on led.	the earlier of: (b) The 90th day after the	he
Dated	10/1/24	<u>-</u> S	
	Signature of a member or authorized representative of	a member	
	TVAN ZURF		

. . .

Filing Fee: \$25.00