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SECRETARY OF STATE TALLAHASSEE, FI

COVER LETTER

Division of Corporations	*			
SUBJECT: //C-tony In	Change LLC	<u> </u>		
Name of L	cimited Liability Company			
The enclosed Articles of Amendment and fee(s) are s	submitted for filing			
Please return all correspondence concerning this matt				
rease return an correspondence concerning this man	ter to the following.			
Tyesh	Name of Person			
Victercy	Firm/Company	LC		
2241 N.	Monroe St # /324	·	202 SE	
Tullahuse	Address 4, F1 32303	[ALL AH	2 AUG 1	40 April 10
Hall Clev	City/State and Zip Code		2022 AUG 18 AHII: 38 SECRETARY OF STATE	The state of the s
For further information concerning this matter, please	·		: 38 TATE	
Tyesha Tucker Name of Person	at Solo 301-9	S&S ephone Number	_ _	
Parity Of Cashi	The Control of the Co	, and the state of		
Enclosed is a check for the following amount:				
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I Certificate of Certified Cop (additional copy)	Status &	
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Cornorations	Division of Cornera	tione		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number £ 220008 1596 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

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 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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGY	Tyeshia Tucker	2241 N. Monrae St #1324	_ iX/\dd
		Tullahussee F1 32303	Remove
			□Change
Ambr	Constance Walter	Ouncy Fl 32351	□∧dd
		Quina F1 32351	□Remove
			Change
Ambr	Asonte Tuctur	270 Armsted Rd	XAdd -
		Quiny +1-32351	_ QRemove
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□Change

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