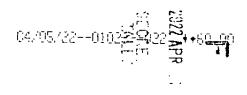
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| (Requestor's Name)  |
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| PICK-UP WAIT MAIL   |
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Office Use Only



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SECRETARY OF STATE
TALLAMASSES

A. BUTLER APR 2 1 2022

### **COVER LETTER**

| TÓ:           | Registration Sec<br>Division of Corp |   |   |   |
|---------------|--------------------------------------|---|---|---|
| SUBJI         | ECT:                                 | K:0 Co  | いいりの \inted Liability Company                                       | <del></del>   |
| The en        | iclosed Articles of A                | mendment and fee(s) are sub-                    | mitted for filing.  |   |
| Please        | return all correspon                 | dence concerning this matter                    | to the following:   |   |
|               |                                      | Josep   | Name of Person  | <del></del>   |
|               |                                      |   | Firm/Company  |   |
|               |                                      |   | 12th Avenue   |   |
|               |                                      |   | FL 336 C  |   |
|               |                                      | E-mail address: (1                              | erino 94 D gmail to be used for future annual report notifi         | · Co Cation)  |
| For fu        | ther information co                  | ncerning this matter, please ca                 | all:  |   |
|               | Juscph<br>Name of                    | Mucerimo<br>Person                              | at (321) 759<br>Area Code Daytime                                   | - 0   9 5<br>Telephone Number   |
| Enclos        | ed is a check for the                | following amount:                               |   |   |
| □ <b>\$</b> 2 | 5.00 Filing Fee                      | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

6

| ARTICLES OF OI  | RGANIZATION FILED  |
|---|--|
| (Name of the Limited Liability Compania) (A Florida Limited Liability Compania)   | y as it now appears on our Geration SECRETARY OF STATE         |
| The Articles of Organization for this Limited Liability Company we Florida document number L 22 00009731  | vere filed on 02/24/2022 and assigned                          |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liabile  | ity company here:  |
| The new name must be distinguishable and contain the words "Limited Liability  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS) | y Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   | NIA  |
| B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:   | dress on our records, enter the name of the new registered     |
| Name of New Registered Agent:   | NIA  |
| 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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          | Joseph Mocerino | Address<br>1512 E 12th Avenue apt403 | Tampa, FL<br>BAdd 33605 |
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| an effectiv<br>lote: If th | date, if other than the edate is listed, the date must be date inserted in this blacketive date on the D | st be specific and car<br>lock does not meet | anot be prior to d<br>t the applicable | ate of filing or more                 |                                       | ing.) Pursuant to 605.02 |
| record sp<br>is filed.     | ecifies a delayed effectiv   | e date, but not an                           | effective time,                        | at 12:01 a.m. on t                    | he earlier of: (b)                    | The 90th day after th    |
| ated                       | 03   30  | 3022,  |  |                                       |                                       |                          |
|                            |  | 1  | 1 N                                    |                                       |                                       |                          |
|                            |  | <del></del>                                  | <del></del> 7/0\                       |                                       |                                       |                          |
|                            |  | Signature of a men                           | nber or authorize                      | d representative of a                 | ı member                              |                          |