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	egistration Sect ivision of Corpo			у
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CHD IFCT	•-	Form For (u LL)		•
SUBJECT	·	Fam: Fer (u LL (Name of Limite	d Liability Company	
The enclos	ed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please retu	rn all correspond	dence concerning this matter to	the following:	
		T. C.	1 0 0	
		Jun Fernan	Name of Person	
			Name of reison	
		Fam Fer C	u LLC	
		Fam Fer C	Firm/Company	
		321 Winge	ad Elm Dr	
			Address	
		5.0 . 0	20 717	
		Debary PC	32713 City/State and Zip Code Chotmail.com	
		ion foul	hotmail.com	
		F-mail address: (to	be used for future annual report noti	fication)
				
For further	information con	cerning this matter, please call	;	
Jan F	- ernanta-l	1 	ar (407) (274 - 5	2279
Optil 1	Pernandez - (erson	at (<u>407</u>) <u>624 - 3</u> Area Code Daytim	e Telephone Number
Enclosed is	s a check for the	following amount:		
□ \$25.00	Filing Fee	☑ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(auditional copy is checksed)	(additional copy is enclosed)
	lailing Address:		Street Address:	
	egistration Se		Registration Se	
	vivision of Co	porations	Division of Cor	-
P	.O. Box 6327		The Centre of 3	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	fou LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now app la Limited Liability Compan	pears on our records.)	
The Articles of Organization for this Limited Liability (Florida document number <u>L2200010028</u>		02/25/2022	and assigned
is amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company	here:	
Fernancu LL(
The new name must be distinguishable and contain the words "Lin		he designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		202
			: 2022 HA
		·	<u>.</u>
Enter new mailing address, if applicable:			7 7
(Mailing address MAY BE A POST OFFICE BOX)		. !	
			~ N
			÷
B. If amending the registered agent and/or registere		r records, <u>enter the name</u>	of the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:			
N. D. in 1000 Att			
New Registered Office Address:	Enter	Florida street address	
		Marida	
	City	, Florida	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 in 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
			□Remove
			□Change
		<u> </u>	
			Remove
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				Signature of	f a member or	authorized rep	resentative (of a member	
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