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PILED 2022 HAR 21 AM 6: 26 SECRETARY OF STATE

A. BUTLER APR 0 6 2022

COVER LETTER

O: Registi Divisio	tion Section of Corporations			
	FIND	LIHE	UC.	·
UBJECT:		Name of Limited	Liability Company	
	icles of Amendment and			
lease return al	correspondence concerni	ng this matter to f	he following:	
		<u> </u>	Name of Person	
			Firm/Company	
	27/1	SQ	zean Dr., av	nit 3704
		Oly was	City/State and Zip Code Ova. Aga be used for future annual report no	smail com
For further inf	rmation concerning this r			
<u> </u>	Name of Person	-	at (<u>954</u>) <u>30</u> Area Code Dayti	5 - 4265 me Telephone Number
Enclosed is a	neck for the following an	ount:		
\$25.00 Fi	ng Fee ☐ \$30.00 F Certifie	iling Fee & ate 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)
Reg	ng Address: stration Section		Street Address: Registration S Division of C	
P.C	sion of Corporations Box 6327 chassee, FL 32314		The Centre o	f Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT | LED TO ARTICLES OF ORGANIZATION 21 AM 6: 26 OF

SECRETARY OF STATE

FINDCIPE	UC	TALLAHASSEE, FL
(Name of the Limited I. (A.)	iability Company as it r lorida Limited Liability (now appears on our records.) Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L 22</u> 000100	lity Company were fi 4_20_1	led on <u>03/01/2022</u> and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability con	mpany here:
The new name must be distinguishable and contain the words	"Limited Liability Comp	pany," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u>~</u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		on our records, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		Con Chail and H
		Enter Florida street address
_	City	, Florida
	(. <i>u</i>)	гу соне

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 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>	<u>Address</u>	Type of Action
MGR	Olga Ayo	2711 S Ocean Dr., unit 37	MAD XADD
		2711 S Ocean Dr., unit 34 Holywood, FL, 33019	□Remove
			□Change
			🗆 🗆 🗆 🗆
			□Remove
			□Change
	 		□Add
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			Change

If amending any other in	formation, enter chang	e(s) here: (Attach a	dditional sheets, if ne	ecessary.)
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Effective date, if other the (If an effective date is listed, the Note: If the date inserted in document's effective date of	date must be specific and cann this block does not meet i	the applicable statutor	ng or more than 90 days a	otional) fler filing.) Pursuant to 605.020 this date will not be listed a
he record specifies a delayed ord is filed.	effective date, but not an e	ffective time, at 12:01	a.m. on the earlier of	(b) The 90th day after the
Dated <u>03, 1</u>	' }	2022		
	h	per or authorized represe	intative of a member	
	O19a	A O	The state of the s	