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2022 APR -8 AM 10: 25
SECRUTARY OF STATE
TALL ARRYSEE

A. BUTLER APR 2 6 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CUM COOD
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hilton Brown
Lim Lim CTOOL
1820 NINI 631d Lye.
1 Sunise f1 33313
Brown hitton 33360 amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hilton Brown at 954 493-1335 Name of Person Area Code Daytime Telephone Number
Enclosed is 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) Certified Copy (additional copy is enclosed)

4.5

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 $^{\prime\prime}$ $^{\prime$
OF 2022 APR -8 AFI 10: 25 SECRETARY OF STATE (A Florida Limited Liability Company) SECRETARY OF STATE (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 03/2029 and assigned Florida document number L 22 00 0 1 0 6 3 3 9 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 "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: New Registered Office Address: 1820 N.W. 63rd All

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
AMBR	Hilton Brown	1420 N.W. 631d Are	☑Add
		Sunise fl 33313.	<u> </u>
			□Change
			🗆 Add
			□Remove
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re tigri	selective date on the Department of State 8 records.
record is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated .	4/6/2022
	Signature of a member or authorized representative of a member
	\ \ \ . \ \

Filing Fee: \$25.00