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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Wash	321 LLC		
Sobsect.	Name of Limit	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Jack	Hozdish Name of Person	
	A PART	Firm/Company	LC
	3021 Yul	ton ct	
	,	Address	
	melbour	M FL. 32935	<u> </u>
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
-	E-nuil address: (to	M FL. 32935 City/State and Zip Code 24ish @ Yahoo. Con to be used for future annual report notific	7 cation)
For further information conc	eerning this matter, please cal		
Jack Ho	izdish irson	at (<u>321</u>) <u>536-4</u> Area Code Daytime	1609 Telephone Number
Enclosed is a check for the f	following amount:		
□ \$25.00 Filing Fee	N \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Sec		Registration Sect	
Division of Con P.O. Box 6327	Mations	Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF			
(Name of the Limited Liability Company as it now appears on our records.)		PM 6: 14	•
(A Florida Limited Liability Company)	抗	-	
The Articles of Organization for this Limited Liability Company were filed on 03-03-2022 Florida document number <u>L2200110480</u> .	and assigne	ed	
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 abbr	eviation "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 agent and/or the new registered office address here:	of the new re	<u>wister</u>	<u>ed</u>
Name of New Registered Agent:			
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

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>	Name	Address	Type of Action
AMBR	Jack Hozdish	3021 Yukon ct	DVAdd
		3021 Yukon ct Melbourne FL 32935	Remove
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			□Add
			□Remove
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f the record	i specifies	a delayed effe	ctive date, l	but not an effectiv	ve time, at 12	2:01 a.m. on ti	he earlier	of: (b) The 90th	h day after t	he <u>17</u>
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