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(Re	questor's Name)	·
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

A. BUTLER APR 1 9 2022

COVER LETTER

TO:	Registration Sec Division of Corp		·	,
SUBJI	ECT:	Sibrey E Name of Limit	ntorprise, LL ted Liability Company	<u>-</u> C
The en	closed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please	return all correspon	dence concerning this matter t	o the following:	
		Jaimm	Name of Person	
			Firm/Company	
		842 SE	E 12 to Terr	
		_Carinesy;	City/State and Zip Code	
		E-mail-iddress: (to	o be used for future annual report notif	ication)
For fu	rther information co	ncerning this matter, please ca	D:	
	Jaimme of	Person Sibrus	at (352) & 71	- 8904 Telephone Number
Enclos	ed is a check for the	e following amount:		
।∀\$2	5.00 Filing Fee	[] \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[3] \$60.00 Filing Fee, Certificate of Status & Certified Copy (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 FILED ARTICLES OF ORGANIZATION OF 2022 APR = 5 PM | 4

	Or	2022 APK -5 PM 1:00
(Name of the Limited Liability	Ento	SECRETARY OF STATE ow appears on our records See. FI
(A Florida	Limited Liability (Company)
The Articles of Organization for this Limited Liability C	Company were fil	ed on Mosch 09, 12 and assigned
Florida document number 12200119539	<u>}_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability cor	npany here:
The new name must be distinguishable and contain the words "Lim	nited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address	on our records, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		Enter Florida street address
	Florida Limited Liability Company) ility Company were filed on	Florida
 -	City	

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>	Address	Type of Action
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ective date,	f other than the date of fili s listed, the date must be specific a	ing:	to of Glina or more than t	(optional)	to 605 0207
te: If the dat	inserted in this block does no	t meet the applicable	statutory filing require	ements, this date will not b	e listed as
cument's effe	tive date on the Department o	f State's records.			
ecord specifie is filed.	a delayed effective date, but n	iot an effective time,	at 12:01 a.m. on the ea	arlier of: (b) The 90th day	y after the
ted M	vch 30	2022			
- <u> </u>					
	Lud	Contines	I representative of a men		
	Signature of	a member or authorized	l representative of a men	nber	