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T. MATTHEWS

JUN - 2 2022

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	RRET'S A	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Temi-Au	Name of Person	Dixon
		Firm/Company	
	627 South	D Street	
			60
	angel vel E-mail address:	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	fication)
For further information of			
Tem-An	of Person	at (<u>561</u>) <u>6/9-</u> Area Code Daytime	1794 e Telephone Number
Address Lake Worth F/ 33460 City/State and Zip Code angel velves 22 & Yalur Com E-mail address: (to be used for future Innual report notification) or further information concerning this matter, please call: Tem: Ann Dron at (S61) 6/9-1794 Name of Person at (S61) 6/9-1794 Area Code Daytime Telephone Number 1 \$25.00 Filing Fee Certificate of Status Certificate Of Status			
\$25.00 Filing Fee \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		

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 FILED STATE OF OF CORPORATIONS

22 APR 20 PM 1: 40

(A	Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on <u>03/</u> 24/8	09/2022 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
	,	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or regagent and/or the new registered office address	•	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida si	treet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the re	and complete performance of my ered agent as provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is

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
MGR	Tem-An Dron		□ Add
			□Remove
			∠ Change
			□Add
			□Remove
			□Change
			□Add
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ective c	date, if other (than the date of	f filing:			(optional)	
effective	e date is listed, th	e date must be spec in this block does	ific and cannot	be prior to date o	of filing or mo	re than 90 days	after filing.) F	
		on the Departme						
cord spe s filed.	ecities a delaye	d effective date, b	out not an effe	ctive time, at 1	2:01 a.m. o	n the earlier o	f: (b) The	90th day after the
ted	4/18	12022						
		12022 n: Ann Signatur	· · · · · · · · · · · · · · · · · · ·					
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		Signatui	re of a member	or authorized re	presentative o	n a member		
		rci-An				•		