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	(Requestor's Name)	_
	(Address)	
	(Address)	
	(City/State/Zip/Phone #	*)
PICK-UP	WAIT	MAIL
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	(Business Entity Name	•)
	(Document Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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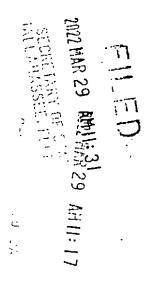
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93/29/22--01018--022 **25.00

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COVER LETTER

TO: Registration of Division of	a Section Corporations
SUBJECT:	Name of Limited Liability Company
The enclosed Article	of Amendment and fee(s) are submitted for filing.
Please return all con	spondence concerning this matter to the following:
	Jacke Bennett Name of Person
	Firm/Company 3072 N Fulmer Cir Address
	Tallahassee, Fla 32303 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
Wa Na	at (84) 212-3233 Area Code Daytime Telephone Number
Enclosed is a check	or the following amount:
\$25.00 Filing Fe	Solutional copy is enclosed Solutional copy is enclosed
Division P.O. Box	on Section Registration Section f Corporations Division of Corporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 MAR 29 AH II: 31

(Name of the Limited Liability Compan (A Florida Limited Li	was it now appears on our	SECRETARY OF STATE records.)
The Articles of Organization for this Limited Liability Company v Florida document number $\angle 22000/25027$		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile. 10 ny (7. EXPESS 2. The new name must be distributed and contain the words "Limited Liability".		"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		n, Fulmer Cir nassee Fla 3 23 03
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_	n. Fulmer Cir 1956e Fla 32303
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	t address
		, Florida
	City	Zip Code

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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Filing Fee: \$25.00