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OLCIGITARY OF STATE DIVISION OF CORPORATION

T. MATTHEWS APR 27 2022

## COVER LETTER

TO: Registration Section Division of Corporation	s		
SUBJECT: Dian			
The enclosed Articles of Amendm	ent and fee(s) are submitt	ed for filing.	
Please return all correspondence c	oncerning this matter to th	ne following:	
		Name of Person	
		Firm/Company	
_2	2.690 Some		1. 1/5
1	wderdale j	Tity/State and Zip Code	3//_
	Jona bowen. E-mail address: (to be	2015 C. gmail. 10 e used for future domail report notifica	non)
		,	
Tona Bo Name of Person	wen	at ( <u>954</u> ) <u>257 - :</u> Area Code Daytime To	0465 elephone Number
Enclosed is a check for the follow	ring amount:		
	0.00 Filing Fee & Jertificate of Status	C\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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 ARTICLES OF ORGANIZATION OF

OF

22 APR 11 PM 12: 30

(A Florid	a Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>122000/253</u> ;	Company were filed on $\frac{OS/II/2022}{52}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:
The new name must be distinguishable and contain the words "Lit	nited Liability Company," the designation "L1.C" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed 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
	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 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>	<u>Address</u>	Type of Action
AMBR	Iona Bowen	2690 Somerset Dr	
		Apt 115	□Remove
		Lauderdale Lulies H	<u>353/</u> /□Change
			□ Add
			□Remove
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Effective f an effectiv Note: - If the	date, if other than the redate is listed, the date ma- ne date inserted in this b	e date of filin st be specific and lock does not t	g:d cannot be prior	to date of filing or	more than 90 days	after filing.) Pursuant	to 605.0207 ( be listed as t
locument'	s effective date on the l	Department of S	State's records.	·			
d is filed.	occifics a delayed effecti						y after the
)ated	April 04	th L	. 2020	7			
		Signature of a	member of auth	akee orized representati	ve of a member		
		^		ed name of signee			