L22000126387

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FALL AHASSEE, FLORIDA

2023 OCT 30 AM 8: 01

A. PARISHANI NOV 0 5 2023

COVER LETTER

TO: Registration Sec Division of Corp		•	;		
SUBJECT: The	ligo Risino	LLC ited Liability Company		. 2	
	Amendment and fee(s) are subnidence concerning this matter AShley			2023 OCT 30 AM 8: 09 OSPARTMENT OF STATE DIVISION OF CORPORATION TALLAHASSEE, FLORIDS	- ר נ
		Firm/Company			
	Saint C	Cottage Lane Address OUCL FL 3477 City/State and Zip Code	1		
		City/State and Zip Code S C M @ I C LOUCH. to be used for future annual report notific			
For further information co	oncerning this matter, please co	all:			
Ashley Gross		at 407, 600-3	3636		
Name of	Person		l'elephone Number		
Enclosed is a check for th	e following amount:				
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
Mailing Address		Street Address: Registration Sect	ion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

d Liability Company as it now appears on our records.)
A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03-14-2022 Florida document number L22000126387 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 abbreviation "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 of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
			□Add
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If an effective date in Note: If the date	of other than the date of s listed, the date must be so inserted in this block of tive date on the Depart	pecific and co loes not me	annot be prior et the applica	to date of filing able statutory i	or more than 90 da	(optiona ays after filir nts, this da	ig.) Pursuar	nt to 605. be liste	0207 (d as t
ne record specifies ord is filed.	a delayed effective date	e, but not a	n effective ti	me, at 12:01 a	.m. on the earlie	r of: (b)	The 90th d	ay after	the
Dated CC+	ober 25		2023	<u>S</u> .					
		W)	<i>0</i> 4		ntive of a member				

Filing Fee: \$25.00