L22000134841

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SECRETARY OF STATES

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 523 GAINZ Name of Limited	ENTERPRISE, LLC Liability Company
The enclosed Articles of Amendment and fee(s) are submitted	red for filing.
Please return all correspondence concerning this matter to t	he following:
Northwe	State of Person Name of Person
525 40	SINZ LACOPISE, LLC
7901 4L-	H N STE 300
Saint T	Electron FL, 35702 Pity/State and Zip Code
E-mail address, (to b	e used for future annual report notification)
For further information concerning this matter, please call:	
Name of Person	at (888) 376-088 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section Division of Corporations
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L22000134841</u> 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 "LLC." 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 Office Address: eet address Florida 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 agrice to comply with the provisions of all statutes relative to the proper and complete performance of my diales, 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
			□Add
			□Remove
			□Change
			□Add
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Note: If the date inse	ner than the date of filed, the date must be specific arted in this block does no date on the Department of	t meet the appli	cable statutory filin	ore than 90 days after	filing.) Parsuant to 605.02
he record specifies a de ord is filed.	layed effective date, but i	not an effective	time, at 12:01 a.m. (on the earlier of: (b) The 90th day after th
Dated	1,7/23				
	Signature of	a member or aut	horized representative	of a number	
1 /			ilonii.ea eejite itiiiii.e	or a member	

Filing Fee: \$25.00