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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	ECT:	Name of Lim	Entreprendes uited Liability Company	LLC
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
			Alberon Devi	<u>, </u>
			Firm/Company	
		303	DN ROCKY Drin	H DIW
			City/State and Zip Code	٥٦
		Alberoa E-mail address: V	Y Denis O Gmoil Comito be used for future annual report notific	cation)
For fu	rther information c	oncerning this matter, please ca		
	,		at (813) 442- Area Code Daytime	Telephone Number
Enclos	/ led is a check for th	or following amount:		
t√ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		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

(Name of the Limited Liability (A Florida	v Company las it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number <u>L220001534</u>	ompany were filed on 03/30/2022 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
	ited Liability Company," the designation "LLC" or the abbrevation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR			
Trincipal office address MOST BE A STREET ADDR	ESS) 22 22 22 22 22 22 22 22 22 22 22 22 22		
Enter new mailing address, if applicable:	SSEE S		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	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 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
AMBR	Ty ShonnA Evoins	3030 N Rocky P.	<u>OrW</u> □Add
	•	TAM PA FL	ØRemove
		3030 N Rucky P. 1 TAM PA FL 33607	□Change
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cord sp	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	- thu
s filed.	2. The soil day and	i tite
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ed	Alwayt 27mil. 2073	
	Signature of a member of authorized representative of a member	
	Alberon 1 Denis	

Filing Fee: \$25.00