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(Address)
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COVER LETTER

то:	Registration Section Division of Corporations	•	1	<i>t</i> .	
SUBJE	ect: <u>Kandi</u>	Hand E	XD+i CS Liability Company		
The en	closed Articles of Amendment	and fee(s) are submit	ued for filing.		
Please	return all correspondence conce	erning this matter to	the following:		
		Willie ?	J Lacter Name of Person		
		Kandylan	MEXOTIC	<u>, 2</u>	
	_53	79 Lyon	S Rd Address		
	<u></u>		Leek IL City/State and Zip Code		>
		E-mail address: (to f	579 Wana	eport notification)	
For fur	ther information concerning thi	s matter, please call:			
__\	Name of Person	PN	at (50) Area Code	903-57 Daytime Telepho	3.2 ne Number
Enclos	ed is a check for the following	amount:			
□ \$2		Filing Fee & Teate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enck		\$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

Landyland EXD	h'CS
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L-22000 i 5 4 95.1</u>	were filed on 3 3 20 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	Enterprise LLC ity 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)	5379 Lyons Rd # 1869 Poconut Creek FL 33073
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
			
			□Remove
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e record spord is filed.	ecifies a delayed	effective date, l	out not an e	effective tin	ne, at 12:01	a.m. on the	earlier of: (b) The 90th da	ay after the
Dated	August	22	, <u> </u>	<u> 2023</u>	<u>.</u>				
		Signatu	re of a mem	ber or autho	rized represer	ntative of a m	ember		
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