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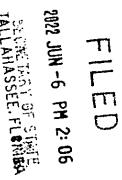
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COVER LETTER

Registration Section Division of Corporations

TO:

	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Mariela A Hollingsworth					
		Name of Person Firm/Company Tamiami Trl Suite 204 Address FL 34231 City/State and Zip Code @me.com E-mail address: (to be used for future annual report notification) is matter, please call: 941				
	Viglione Accounting Corp					
		Firm/Company	 -			
	7061 S Tamiami Trl Suite	204				
		Address				
	Sarasota, FL 34231					
		City/State and Zip Code				
	aviglione@me.com					
	E-mail address: (to be used for future annual report not	ification)			
For further information c	oncerning this matter, please c	all:				
Mariela A Hollingsworth	1	at ()				
Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			
<u>Mailing Addres</u> Registration S			ection			
Division of C	forporations	Division of Cor	Division of Corporations			
P.O. Box 632						
Tallahassee, l	TL 32314	2415 N. Monro	e Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our record mited Liability Company)	<u>(s.)</u>
pany were filed on 04-20-2022	and assigned
liability company here:	
Liability Company," the designation "LLC	
	2022 TALL
<u></u>	ATT AS
	6 PH 2: 06
fice address on our records, <u>enter</u>	the name of the new regis
	
Enter Florida stepat addres	
	o rida
	pany were filed on (14-20-2022) Hiability company here: Liability Company," the designation "LLC" (S) Enter Florida street address

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>	Address	Type of Action
MGR	Yaneysi Alvarez Tejas	4150 Bee Ridge Rd Apt 302	□Add
		Sarasota, FL 34231	■ Remove
			☐ Change
			□ Add
			□ Remove
			DAdd 2022 JURemove
			PORZ JUN -6
			N-6 PH 2:06
			□Remove
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record specifies a delayed effective I is filed.	date, but not an et	Pective time,	at 12:01 a.m. o	the earlier of:	(b) The 90t	h day aft	er th
ated May 30th		22 .					
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