## KRRCCC303916

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2022 HAY 31 AH 9: 10

Tatiana Grori gave Permission to remove her Marne as AMBR and add LLC to the name in paragraph A. RAMSEY

### COVER LETTER

TO: - Registration Section Division of Corporations
SUBJECT: \SIQ 6\DUCT 000YS  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSTEINY 1SIA CITENCIDICA Name of Person
VSIQ Shower Cors
2400 Springdale Blud Apt P206
Palm Spings FL 33401  Ly/State and Zip Code  INFO Q VS10 Showly across Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tationa Aori at (786) 863 7489  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\int \text{S25.00 Filing Fee}  \text{S30.00 Filing Fee & Gertificate of Status}  \text{Certified Copy (additional copy is enclosed)}  \text{Certified Copy (additional copy is enclosed)}  \text{S60.00 Filing Fee.}  \text{Certified Copy (additional copy is enclosed)}  \text{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 FILED OF 2022 MAY 31 AM 9: 1

<u> 1010 DNOK</u>	IT COOKS == "13.10	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 2200020 3916</u>		igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite		
The new name must be distinguishable and contain the words "Limite		1 () "
The new name must be distinguishable and contain the words. Limite	d Liability Company. The designation CLC of the appreviation 12.	1
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	SSV	
Enter new mailing address, if applicable: (Mailing address MAY BEA POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new	<u>v registere</u>
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	<del></del>
	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 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
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'an effe <u>(ote:</u>	ve date, if other than the date of filing:
record Listil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated <sub>-</sub>	May 25 . 2022.
	Signature of a member or anthorized representative of a member