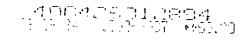
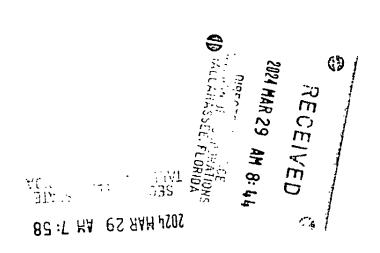
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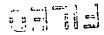
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(D	Pocument Number)	_
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	Office Use Only	



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COVER LETTER

TO: Registration Sec Division of Corp			è
SUBJECT:	Name of Limit	Devend_ted Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	<u> </u>	Rivery Name of Person	
	Brece	Eirm/Company	rovg
	2033	Kayla'S	ct
	Jose- E-mail address: (to	City/State and Zip Code Civera 11698 o be used for future annual re	32817 yahoo com
For further information co	ncerning this matter, please cal	11:	
Name of	Rivera	at (<u>407</u>) <u>7</u> Area Code	Daytime Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	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

Grace E	a Deman	d UC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears o Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>しみ入りのり</u> なり	ompany were filed on	5/03/2022 and	l assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit Grace On Deucad — 6 The new name must be distinguishable and contain the words "Limit new name must be distinguishable and contain the words "Limit new name must be distinguishable and contain the words "Limit new name must be distinguishable and contain the words "Limit new name of the limit new name new nam	soo uc		n "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	ESS)		
		SED.	اللا الله
Enter new mailing address, if applicable:		<u></u>	. 11
(Mailing address MAY BE A POST OFFICE BOX)			157
			വ് ച
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco		∞ new registeree
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		. Florida	
	City	, riorida Zip Ce	ode

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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
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Filing Fee: \$25.00