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Special Instructions to	Filing Officer:	·
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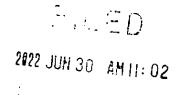
TO: Registration Section Division of Corporations	
SUBJECT: 7821 COQ1	Name of Limited Liability Company
'	Name of Limited Enability Company
The enclosed Articles of Amendment and (fee(s) are submitted for tiling.
Please return all correspondence concernin	
Trease retain an entrespondence concerns.	F
Stc	Name of Person
	Firm/Company
152	71 Alton Pd. # 359 Address
Mic	ami Beach FL 33139 City/State and Zip Code
	mail address: (to be used for inture admual report notification)
For further information concerning this ma	nter, please call:
Name of Person	at (205) 42.8 - 36.23 Area Code Daytime Telephone Number
Enclosed is a check for the following amou	unt:
X \$25.00 Filing Fee ☐ \$30.00 Filing	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



7821 (091100 DC) (Name of the Limited Liability Compa	UC SALIA 1/33 POLICE IN
(A Florida Limited)	nability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22 0002 N 723</u> .	were filed on $\frac{5/4/3022}{}$ 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 Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1521 Alton Rd
(Principal office address MUST BE A STREET ADDRESS)	#359 Miami Beach, FL 32139
	VIIIII ISEACIT, PC 3313
Enter new mailing address, if applicable:	1521 Alton Rd.
(Mailing address MAY BE A POST OFFICE BOX)	#359
	#359 Miami Beach, FL 33139
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida Cuv 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 Type of Action Address Title Name □Remove _ Change ____ □Add _____ □Remove _____ □Change □Add ___ □Remove ☐ Change _ □Add □Remove ☐ Change __ □Add □Remove ☐ Change \square Add □Remove

	
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fan effec <u>Note:</u> H	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at's effective date on the Department of State's records.
record d is tiled	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 I.
Dated	5 /31/22
	Signature of a member or authorized representative of a member
	Natalie Zachill. Attorney

Filing Fee: \$25.00