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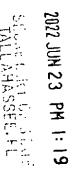
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: F	Name of Limi	ted Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Elyzabeth	Name of Person	
		Firm/Company	
	4/35	Solvy 12-	
	Cocoa 7  Fresh Wi  E-mail address: (1	City/State and Zip Code  City/State and Zip Code  Code used for future annual report notif	Cum fication)
For further information c	oncerning this matter, please ca		
Name o	MIDIOCK f Person	at ( <u>904) 599 ~</u> Area Code Daytime	4353 c Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	S60.00 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

FILED

2022 JUN 23 PM 1: 19

Frest- Wing	Z & Thingz LL	C SEL STATE STATE
( <u>Name of the Limited Libroid</u> (A Florid	lity Company as it now appears on la Limited Liability Company)	(our records.) TALLAHASSEE. FL
The Articles of Organization for this Limited Liability	Company were filed on $\frac{OS}{I}$	105 / 2022 and assigned
Florida document number <u>L22000 2/27</u>	<u>15.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lii	nited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	City	, Florida Zip Code
	City	z.φ Coar

## 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>	Name	Address	Type of Action
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ited	Juni	Signature of a mo	<u> 2022</u>	_ ·			
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Filing Fee: \$25.00