L22000229053

(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

TO:	Registration Sec Division of Cor		*	
SUBJ	ECT:	edyest Group Name of Limi	International LL ited Liability Company	_ <u>C</u>
The er	iclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		calvir	A Zadi Name of Person	
			Law P.A. Firm/Company	
		848 Brickell	Avenue, Sui	te 747
		Mam, Flo	City/State and Zip Code O a Z adi law. Coto be used for future annual report noti	
		E-mail address: (1	o be used for future annual report noti	fication)
For fu	rther information co	oncerning this matter, please ca	all:	
6	ustavio An Name of	Person	at (<u>r57</u>) <u>310 38</u> Area Code Daytim	78089 c Telephone Number
Enclos	sed is a check for th	e following amount:		
⊠ ′\$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 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

(Name of the Limited Liability Compa (A Florida Limited) The Articles of Organization for this Limited Liability Company Florida document number <u>L22000229053</u>	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/10/20	22 and assigned
Florida document number <u>L22000229053</u>		800 Y
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:	· 	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	,	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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
MGR	Daniella Calderon Nowa	10144 Murtague St Westchase, Florala 33626	\(\sqrt{\lambda}\) Add
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ffective date, if other than an effective date is listed, the date inserted in the ocument's effective date on the ocument's effective date.	nis block does not med	et the applicable s	022 of filing or more than tatutory filing requir	(optional) 90 days after filing.) rements, this date v	Pursuant to 6 vill not be li	:05.0207 (isted as t
record specifies a delayed eff l is filed.	ective date, but not an	i effective time, at	12:01 a.m. on the c	arlier of: (b) The	90th day at	
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rated 06/14/202	<u></u>				H.A.	
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	1 7-161	22 111VE			1,1	
	Signature of a green	mber or authorized	representative of a me	mber	FLORID	2022 JUL II PM 5: 08