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S. CHATHAM OCT -7 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: <u>Orain</u>	Leaning St Name of Limited	Pecialist LLC d Liability Company	······································
The enclosed Articles of Amendme	nt and fee(s) are submi	tted for filing.	
Please return all correspondence co	ncerning this matter to	the following:	
	Klaudio	B PegU Name of Person	
	Drain Clea	ining Special	St UC
_130	yolog Sac	Cheek Dy ,	
Ī co		FL 3235-8 City/State and Zip Code	
<del></del>	E-mail address: (to	laudi 8W tahoo be used for future annual report in	otification)
For further information concerning	this matter, please call:	:	
Klaudio Breson	)U	at ( <u>904</u> ) <u>lobk</u> Area Code Days	ime Telephone Number
Enclosed is a check for the following	ng amount:		
	00 Filing Fee & rtificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Dais Masica Con list 111

(Name of the Limited Liability Comp (A Florida Limited	iant as it now appears on our records.) Liability Company)	<del>.</del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L_22000235067</u>	y were filed on 05/19/2020	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	illity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	75068 COIDY CLUE	K DC
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, 'FL	32858
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	12068 Colby Cr Tacksonville, FC	eek Dr., 32258
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 n	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address  Elimited Liability company here:  Limited Liability Company," the designation "LLC" or the abbreviation and the street 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 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 Member Title Name Address Type of Action CEO/ Klaudio Bregu AMBR 12068 Colby Creek Dr Drad Jacksonville FL, 32258 - Remove \_\_\_\_\_ □Change AMBR Rina Xhuke 12068 COLDY Creek Dr DANGO JOCKSONVILLE FL, 32258 PREMOVE \_\_\_\_\_ □Change \_\_\_\_\_ □Change \_\_\_\_\_ □ Remove \_\_\_\_\_ □Change

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Signature of a member or authorized representative of a member	ed	July 11. 2022.	
Signature of a member or authorized representative of a member		J50, 921	
		Signature of a member or authorized representative of a member	

Filing Fee: \$25.00