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COVER LETTER

TO:

TO: Registration Se Division of Cor				
SUBJECT: D:	inial SI 4. 12	Kallin LEC		
SOBSECT: D;	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Word James (Concli	
		Name of Person		
	Diamena	Stope Ruelty LI	-C	
		Firm/Company		
	140	Address	-	
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	0	D E/ 3300	· L	
	Famore	LL Pines FL 3302 City/State and Zip Code	<u> </u>	
	Connel	to be used for future annual report no		
	E-mail address: (to be used for future annual report no	ottfication)	
For further information c	oncerning this matter, please co	all:		
Russian 5	ienes laneth	at (154) 213	- 1130	
Name o	î Person	at (<u>174</u>) <u>23</u> Area Code Dayt	ime Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration S		
Division of C		Division of Corporations		
P.O. Box 631		The Centre of		
Tallahassee,	FL 32314	2410 N. MON	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 AUG -8 AITH: 03 (Name of the Limited Liability Company as it now appears of our records.)
(A Florida Limited Liability Company) 05/31/2022 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned Florida document number LZL000Z47946____. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
AMBR	Russell James Connell	1904 NW 1374 Terr	⊻ Add
		Pembroke Pines FL 33028	□Remove
			□Change
			□ Add
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Note <u>:</u> If the	ate, if other than date is listed, the date date inserted in the effective date on the	is block does not 1	neet the applicab	date of filing or more the statutory filing rec	(optional) han 90 days after filing quirements, this date) Pursuant to 605.0207 (will not be listed as t
record spe d is filed.	cities a delayed effo	ective date, but no	t an effective time	e, at 12:01 a.m. on th	ne carlier of: (b) Th	ne 90th day after the
Dated	August	8	, 2022	.•		
-		Mussew Signature of a	member of author	is Cumul	member	

Filing Fee: \$25.00