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то:	Registration So Division of Co			
eun icz		AMES LLC		
SUBJEC	.1:	Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Joseph A. Yolofsky, Esq.		
			Name of Person	-
		Yolofsky Law, P.A.		
		•	Firm/Company	-
		100 SE 3rd Ave, Suite 100	00	
			Address	
		Fort Lauderdale, FL 3339-	4	
		<u> </u>	City/State and Zip Code	
		ajy@yolofskylaw.com	to be used for future annual report no	otification)
For furth	er information c	concerning this matter, please c	·	
Joseph S	Yolofsky		954 2374011	
	Name c	rf Person	Area Code Dayt	ime Telephone Number
Enclosed	l is a check for t	he following amount:		
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate 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 Registration: Division of C	Section	<u>Street Address:</u> Registration S Division of C	
	D () T) (35			TT-11-1

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1022 JUN 16 PM 12 22

THEE FLAMES LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con		and assigned
Florida document number 1.22000254190		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
THREE FLAMES LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ffice address on our records, <u>enter the</u>	name of the new register
agent and/or the new registered office address here:		
N. CN. D. Co. J.A.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enler Florida street uddress	
	, Florid	a
	•	Zip Code
New Registered Agent's Signature, if changing Registered A	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.

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II amenuing Authorized rerson(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
			□Add
			□Remove
			□ Change
			□Add
			Remove
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be pr block does not meet the app	rior to date of filing or more to dicable statutory filing re-	(optional) than 90 days after filing.) Pursua quirements, this date will no	nnt to 605.0207 (3) of be listed as the
f the record specifies a delayed effect ecord is filed.	ive date, but not an effective	e time, at 12:01 a.m. on th	he earlier of: (b) The 90th	day after the
Dated	. 2022			
	Signature of a member or au	usigned by: 1. Udofsky athorized representative of a	member	
JOSEPH A. YOLOFS				
——————————————————————————————————————		inted name of signee	-	 -

Filing Fee: \$25.00