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22 AUG 10 AH ID: 41

COVER LETTER

TO: Registration Section Division of Corporations

360 SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

6-1966 Name of Person Davtime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF		
-	'O DRGANIZATION	
)F	
<u>Seo Miam</u> (<u>Name of the Limited Liability Compa</u> (A Florida Limited I	LLC Inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\angle 22000268.44$	were filed on <u>06-13-202</u> 49	2 and assigned
This amendment is submitted to amend the following:	'	
A. If amending name, <u>enter the new name of the limited liabi</u>		
The new name must be distinguishable and contain the words "Limited Liabi!	ity Company." the designation "LEC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		22 Vis
Entar nov molling oddroop if one Keekle		
Enter new mailing address, if applicable:	/ []]	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Mar	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
		in come

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.

Jody hanging Registered Agent, Signature of Xew 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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Note: erted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the) document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

08/03/2022 Jeuroldine Prochince Signature of a member or authorized representative of a member Dated Signee yped or printed name of