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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

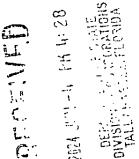
: (307)200-2803

Fax Number

: (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Fmail	Address:			
CIDOTY	MUULESS.			



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DANIELA RIECKEN LLC

Certificate of Status	0
Certified Copy	0
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K. SALY

JUN - 5 2024

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6/4/2024 13:16:31 PDT

Ta: 18506176383

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Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 JUN-4 PM 1:50
TALLAHASSEE FEMALE

DANIELA RIECKEN LLC	ny as it now appears on our records.)  Jability Company)		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)		
",	Jiaotiny Company)		
The Articles of Organization for this Limited Liability Company	were filed on 06/14/22 and assigned		
Florida document number L22000271992			
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 Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3833 POWERLINE RD SUITE 101		
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL 33309		
Enter new mailing address, if applicable:	3833 POWERLINE RD SUITE 101		
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE, FL 33309		
• •			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		

## 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.

City

\_, Florida \_

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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	<u>Name</u>	Address	Type of Action			
			□Add			
			L. □Remove			
			LI Change			
			Remove Change			
			□Remove			
			[]Change			
			□Add			
			□Remove			
			Change			
			□Add			
			□Remove			
			□Change			
			□Add			
			□Remove			
			Change			
			□Add			
			□Remove			

Fax: 8134365206

Typed or printed name of signee