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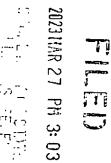
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Y. SCOTT MAY 1 3 2023

COVER LETTER

TO: ** Registration Section Division of Corporations	•	•
SUBJECT: CHILD POULLY Name of Li	PCCI ESTCITC 1.40 mited Liability Company	<u>-</u>
The enclosed Articles of Amendment and fee(s) are sur- Please return all correspondence concerning this matter.		
Dominiqu	Rame of Person	
Cyrus Po	WILL PAIST	rt UC
60 UEST	FICELET Street	Duik 900
MiOmi,	FL 33136 City/State and Zip Code	115R 2
E-mail address:	(to be used to future annual report notification	
Occinique Cyrlo Name of Person	at (<u>786</u>) <u>800 - 0</u> Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount: 12 \$25.00 Filing Fee	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section	n

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**

CURUS PRIKIHU PROUGSTCHE LLC

(A Florida Limited Liab	as it now appears on our records.) Ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>Lacroscopies 71</u> .	re filed on <u>07-05-3033</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability"	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2023 III R 27
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	705 03 705 03
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	iress on our records, <u>enter the name of the new registered</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

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>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
	<u> </u>		
			□Remove
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ed March 10 . 2023.	of: (b) The 90th day after t
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The man was	
Signature of a member or authorized representative of a member	_
Typed or printed name of signee	