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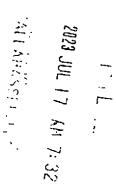
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## COVER LETTER

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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:    Daniel S. Friebis		C				
Please return all correspondence concerning this matter to the following:    Daniel S. Friebis	SUBJECT:	Name of Limi	ited Liability Company			
Daniel S. Friebis    Name of Person	The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Name of Person  Kyrstin. Inc.  Firm*Company  3890 Turtle Creek Drive - Suite B  Address  Port Orange. FL. 32127  City/State and Zip Code dan.friebis@kyrstin.net  E-mail address* (to be used for future annual report notification)  For further information concerning this matter, please call:  Daniel S. Friebis  386 492-7915  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Escape Section Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	Please return all correspo	ondence concerning this matter	to the following:			
Kyrstin, Inc.  Firm/Company  3890 Turtle Creek Drive - Suite B  Address  Port Orange, FL. 32127  City/State and Zip Code  dan, friebis@kyrstin.net  E-mail address' (to be used for future annual report notification)  For further information concerning this matter, please call:  Daniel S. Friebis  386 492-7915  at (		Daniel S. Friebis				
Firm/Company  3890 Turtle Creek Drive - Suite B  Address  Port Orange, FL. 32127  City/State and Zip Code  dan.friebis@kyrstin.net  E-mail address* (to be used for future annual report notification)  For further information concerning this matter, please call:  Daniel S. Friebis  Name of Person  Area Code  1			Name of Person	<del></del>		
Address  Port Orange, FL. 32127  City/State and Zip Code  dan.friebis@kyrstin.net  E-mail address* (to be used for future annual report notification)  For further information concerning this matter, please call:  Daniel S. Friebis  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  See \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		Kyrstin, Inc.				
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Daniel S. Friebis    386   492-7915     at (	For further information of		·	ouncation)		
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<u>Mailing Address:</u> Registration Section  Street Address:  Registration Section	<u>Mailing Addre</u> Registration		Street Address: Registration			
Division of Corporations Division of Corporations	Division of Corporations					
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	P.O. Box 6327					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO TO TO THE LOCAL CONTROL TO THE LOCAL CONTROL TO THE LOCAL CONTROL TO THE TOTAL CONTROL TO

Sophos, 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 Company were filed on 67-20-2022 \_\_\_ and assigned Florida document number 1.22000321820 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 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.

Circ

If Changing Registered Agent, Signature of New 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:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
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Filing Fee: \$25.00

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