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COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT:	Name of Lim	rite LLC	, .	•
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	J; 11	CYONK/i+P		
		Cronkrife	LL(
	(000	Firm/Company E F&+ K	-ing St	2022 SE
	0 (0	Ua, Address	4471	DIVISION OF CORPORATIONS 2022 SEP 12 PM ICO)
-	Fmail address: (1	City/State and Zip Code ON Krite (A) to be used for future annual report not	ne village	
For further information conc	erning this matter, please ca	all:		
Name of Pe	nklite rson	at (353) 780 Area Code Daytin	7 -9624 ne Telephone Number	2
Enclosed is a check for the fo	ollowing amount:			
□ \$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Status &
Mailing Address:	tion	Street Address:	ection	

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

(Name of the Limited Liability	V Company as it	+C L	on our records.)		
(A Florida	Limited Liability	Сотрапу)	<u> </u>		
The Articles of Organization for this Limited Liability Corollar document number 8.345732	ompany were fi	led on <u>7</u>	126/22	and ass	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi			:		
Jill M. C	MERCH	te L	LC		
The new name must be distinguishable and contain the words "Limi	ted Liability Com	pany," the desi	gnation "LLC" or the al	obreviation "L.	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	rincipal office address MUST BE A STREET ADDRESS)	202	2		
				2 S	<u>25.</u>
			-	- 6	7. T
English and the state of the st				2	PAR II
Enter new mailing address, if applicable:					-
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	<u> 포스</u> 건물
				07	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address	on our rec	ords, <u>enter the nam</u>	ne of the nev	v register
Name of New Registered Agent:					
New Registered Office Address:		Euron Elemid	u street address		
	Enter Florida street address				
			, Florida		
New Registered Agent's Signature, if changing Registered	City l Agent:	,		Zip Code	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and co	and agree to ac			-	-

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
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an effective date is li	other than the date of fi isted, the date must be specific iserted in this block does n	and cannot be prior	to date of filing or mo	ore than 90 days after	filing.) Pursuant to 60)5.020 sted a
	e date on the Department			, ,		
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rugurd engoities n	aciayed effective date, but	not an enecuve ti	me, at 12.01 a.m. o	m the carner or. (c	ij The 20th day an	
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