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Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	

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ACLAHASSET, FL.

1022 SEP -7 PM 3: 13

2022 SEP - 7 PH 3: 27

0/1/2022

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	Ceday Name of Lim	Cas SPORA + 101 ited Liability Company	y LIC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u> Gus</u>	Haddad Name of Person	
		Firm/Company	
	7537	Sugar Bend Address	Pr
	- Oclando	Florida City/State and Zip Code	32819
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca		
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address:	ation
Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of 7	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7

(Name of the Limited Liability Co (A Florida Lim	ans portation ompany as it now appears on our reco ited Liability Company)	n 1/2/22 SEP -7 PM 3:2
The Articles of Organization for this Limited Liability Complete Florida document number $\angle 22000348780$	pany were filed on $8-8-2$	and assigned
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 "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>ent</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	iress
	·	Florida Zip Code
	City /	z.p Coae

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.

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
Ambr	GUS Haddad	7537 Sugar Bend Dr Orlando, Florida 32819	[X[Add
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			Change

Effective date, if other than the date of filing: ((f) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. 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 ord is filed. Dated Sef. 7th		
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