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COVER LETTER

SUBJECT:	ossein 110		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Daniel t	Name of Person	
	_ Finesseio	LLC. Firm/Company	
	208 N.Ch	orch St. Apt 1	
	Bunnell, FL	City/State and Zip Code XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	Superdon E-mail address: (I	to be used for fulfile annual report notifi	cation)
For further information con	cerning this matter, please ca	all:	
Ocaled F Name of P	erson	at (<u>386</u>) <u>283</u> Area Code Daytime	-209.7 Telephone Number
Enclosed is a check for the	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 Address: Registration Se	ction	Street Address: Registration Sec	tion .

Registration Section Division of Corporations

P.O. Box 6327

TO:

Registration Section
Division of Corporations

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 Co. (A Florida Limi	mpany as it now appear:	s on our records.)
(A Florida Limi	ted Liability Company)	,
The Articles of Organization for this Limited Liability Comparing Horida document number		8 /18 /2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited L	iability Company," the do	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS	2	2023 HAY
		1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our re	ecords, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of t as provided for in C	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Geretary	Jacob Hartz	208 N.Church St. cot A Bunell, FL 32110	taxdd
			□Remove
			□Change
			□Add
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F. CC stine	
(If an effective Note; I	e date, if other than the date of filing:
the record cord is file	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 d.
Dated _	5/1/2023
	Signature of a member or authorized representative of a member