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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	FPS			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of z	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	idence concerning this matter	to the following:		
	Yan	iel Castillo Name of Person		
		Name of Person		
		Firm/Company	···	
	445 NW 41	th St Apto 708 Address		
	Miami 1	/FL / 33128		22 SEP
	yanielcas	FL / 33/28 City/State and Zip Code Tillo@gmail.com		22 SEP 20 PHI2: 59
	The state of the s		ication)	:2:
Janiel (oncerning this matter, please of Castillo	all: at (<u>850</u>) <u>7/6 -</u> Area Code Daytime	5355	59 5
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	e 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 Fe Certificate of St Certified Copy (additional copy is c	atus &
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Sec	ction	

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

·	33 FPS LLC	·	
	bility Company as it now appears on o rida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number <u>L. 22000372373</u>	y Company were filed on $\frac{08/7}{2}$	24/2022 and as	ssigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the I	imited liability company here:		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designa	tion "LLC" or the abbreviation "I	IC."
Enter new principal offices address, if applicable:		22	<u>≒</u> -₹,
(Principal office address MUST BE A STREET AD	DRESS)	SE	<u> </u>
		20 PM	5 <u>11</u> 2011 01
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		<u> </u>	 -
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ls, enter the name of the ne	ew registere
Name of New Registered Agent:	4 4 4 1 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1		
New Registered Office Address:	Enter Florida sti	eer address	
		Florida	
_	City	Zip Code	

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 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

<u>Title</u>	Name	Address	Type of Action
MGR	Yaniel Castillo	445 NW 4Th St Apto 708 Minm. FL, 33128	i de Add
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	licable statutory				
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Typed or printed name of signee