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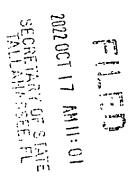
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations				
SHE IIZW	TWENTY TWO DE	EVELOPMENT GROUP, LLC			
SUBJECT:	Name of Lin	ited Liability Company	101		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Adalberto Parra, CPA			
	<u> </u>	Name of Person			
	AD.	ALBERTO PARRA CPA, LLC			
	Firm/Company				
	5	<b>20</b> 7			
		Address			
		Miami, FL 33132			
	-	City/State and Zip Code			
		aparra@parra-cpa.com		当当 三	
	E-mail address: (	to be used for future annual report notific	cation)	2022 OCT 17 AH II: OI SECRETARY OF STATE TALLAHASSEE, FL	
For further information of	concerning this matter, please c	all:		· 179	
Adalbe	erto Parra, CPA	786 490-2500 at ()			
Name o	r Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified (	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)	
Registration	Section	Street Address: Registration Sect			
	Division of Corporations  Division of Corporations  Division of Corporations  The Control of Tallahassas				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Registration Sect	orations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWENTY TWO DEVE	ELOPMENT GROUP,	LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Compa	ny were filed on	9/1/2022	an	d assig	ned
Florida document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lis	ability company her	<u>e</u> :			
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the des	ignation "LLC" or the	abbreviation	on "L.L.	C."
Enter new principal offices address, if applicable:					<u></u>
(Principal office address MUST BE A STREET ADDRESS)					
			တ	20	
			Z Z S S	22 C	es ryen
Enter new mailing address, if applicable:			- F		\$ \$ 
(Mailing address MAY BE A POST OFFICE BOX)			45	7	17
			SS C		[ ] [
			₽°C0		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our rec	ords, <u>enter the na</u>	me of the	e new :	registered
Name of New Registered Agent:				_	
New Registered Office Address:					
	Enter Florida street 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
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