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(Req	uestor's Name)	
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SECRETARY OF STATE

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COVER LETTER

то:	Registration Sec Division of Cor					
	1 / M	FrP Hold	11/05			
SUBJE	CI:	Name of Limi	red Lability Company			
The en	closed Articles of .	Amendment and fee(s) are sub-	nitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		E	Y i C PEAVY Name of Person			
		<u> </u>	P Holdings Firm/Company			
		<u> 15891 Su</u>) 48th Manor A	Aramar Fl.	3 <i>30</i> 27	
			City/State and Zip Code			
		[ERPHOIDINGS E-mail address: (to be used for future annual report not	ification)	2022 OC SECRE	
For fur	ther information c	oncerning this matter, please c	all:	2	TII7	nuvanu ej e seusa g
<u>£</u>	RIC PEA Name o	f Person	at (<u>216</u>) <u>808 -</u> Area Code Daytit	ification) 437/ ne Telephone Number	PM 2: 30	-
Enclos	ed is a check for the	he following amount:				
豆 \$ 2	5.00 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 Co (additional cor	of Status & -	
	Mailing Address Registration	Section	<u>Street Address:</u> Registration S Division of Co			
	Division of C P.O. Box 632	-	The Centre of			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Lial	OCINCLS	ars on our records.)		
(A Flor	ida Limited Liability Company)		
The Articles of Organization for this Limited Liability		9-9-2022	and assigned	
lorida document number <u>L 22000 3955</u>	<u>30</u>			
his amendment is submitted to amend the following				
If amending name, enter the new name of the li	mited liability company	<u>here</u> :		
he new name must be distinguishable and contain the words "L	imited Liability Company," the	designation "LLC" or the abbr	eviation "L.L.C."	
nter new principal offices address, if applicable:		A CR	200	
Principal office address MUST BE A STREET AD	DRESS)	3>70	7 1 1	
		(ი <u>)</u> (11)	T I	
nter new mailing address, if applicable:		्रे १ -मः	STE 3	
Mailing address MAY BE A POST OFFICE BOX)			류 o	
3. If amending the registered agent and/or registe		records, enter the name	of the new regist	
gent and/or the new registered office address here	2			
Name of New Registered Agent:		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:				
	Enter F	lorida 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 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>	<u>Address</u>	Type of Action
MGR	Eric PEANY	15891 SW 48th M	GNOY, MYCGMAY STADO
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Effective date, if other the fan effective date is listed, the one of the second document's effective date or	date must be specific an this block does not	d cannot be prior to meet the applicab	date of filing or more the statutory filing rec	(option nan 90 days after fil quirements, this d	ing.) Pursuant to	605.0207 listed as
e record specifies a delayed d is filed.	effective date, but no	ot an effective time	e, at 12:01 a.m. on th	e carlier of: (b)	The 90th day a	after the
Dated <u>OCTOPEC</u>	14h	, 2022	. · -			
/			zed representative of a	nanhar		-
	Signature of a	member or authoriz	zed representative of a	memoer		