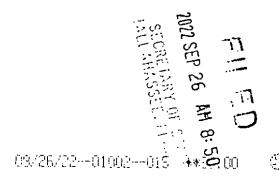
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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
, ,	
(Document Number)	
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COVER LETTER

Division of Corpo	orations	•	
SUBJECT: <u>B</u>	11dad E Name of Lim	ited Liabilfiy Company	<u></u>
The enclosed Articles of Ai	mendment and fee(s) are sub	mitted for filing.	
'lease return all correspond	lence concerning this matter	to the following:	
	Santing	Name of Person	
	_B4/da	Firm/Company	Ess CCC
	<u> 1601 F</u> ,	Dayland Av	<u> </u>
		CityPitate and Zip Code	
	E-mail address: (181@ anal. to be used for future annual report noti	COM, fication)
For further information con	cerning this matter, please c	all:	
Santago Napric of P	erson	at (<u>\$0.2</u>) <u>536-6</u> Area Code Daytim	0337 e 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:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

TO:

Registration Section

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

FUED

Rullad Ente	10000	2022 SEP 26	AM 8:50
(Name of the Limited Liability Con (A Florida Limit	mpany as it now appeted Liability Company)	FALLAHASSE	OF CTA FLEE
The Articles of Organization for this Limited Liability Compa	my were filed on _	9/16/20	and assigned
Florida document number <u>C22005405367</u>		, ,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company l	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the	designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		.	
Principal office address MUST BE A STREET ADDRESS	<u> </u>		<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 office and/or the new registered office address here:	ce address on our	records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street address	· · · · · · · · · · · · · · · · · · ·
		, Flori	da
	Cüy		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 = R $AMBR = R$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
ceda	NB Saskingo Taro	270 Academy Prive Apt 101 Missimple FC 34744	ŒXdd
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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,	
•	
Note:	ive date, if other than the date of filing:
he reco ord is fi	d 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 led.
Dated	September 26. 2000.
	13 To 15 To
	Signatur of a member or authorized representative of a member
	Typed or printed name of signee