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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration So Division of Cor			
	Business LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	Blake Moscatello		
		Name of Person	
	Goodson Manley Law & I	Legacies, PLLC	
		Firm/Company	
	5090 N. 40th Street, Suite	200	
		Address	
	Phoenix, AZ 85018		
		City/State and Zip Code	
	blake@goodsonmanleylaw		
	E-mail address:	(to be used for future annual report notification)	2027 SEL
For further information of	oncerning this matter, please of	call:	OCT POCT
Blake Moscatello		602 252-0188 at ()	
Name o	f Person	at ()	SECRETARY OF STALLATING SECTOR
Enclosed is a check for the	he following amount:		F. F
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Centified Copy	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5 Division of C P.O. Box 632	Section Corporations 17	Street Address: Registration Section Division of Corporation The Centre of Tallahass	see
Tallahassee.	FL 32314	2415 N. Monroe Street.	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cello New Business, LLC			***	
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records. lability Company))	
The Articles of Organization for this Limited Li Florida document number L22000410769				ed
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	ity Company," the designation "LLC"	or the abbreviation "L.L.C	,**
Enter new principal offices address, if applic	able:	8668 Navarre Parkway #339		
(Principal office address MUST BE A STREE		Navarre, FL 32566		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or ragent and/or the new registered office address. Name of New Registered Agent:	registered office ss here:		2022 OCT 7 AH WY SECRET/RY OF STATE TALL AND SECRET/RY OF STATE TALE SECRETARE	i i i i i i i i i i i i i i i i i i i
New Registered Office Address:	8668 Navarre I	2atkway #339 Enter Florida street oddress		
	Navarre	Flo	rida <u>32566</u>	
		City	Zip Code	
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as regioning filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as registered office	e performance of my aunes, an provided for in Chapter 605, 1	ia i am jamiliar wiin F.S. Or, if this docum	ent is
	If Cha	inging Registered Agent, Signature o	I New Registered Agent	<u> </u>

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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
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Filing Fee: \$25.00