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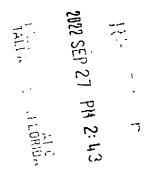
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	(Business Entity Name)
	(Document Number)
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Certified Copies	Certificates of Status
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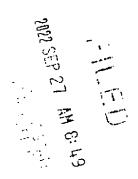
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A. RAMSEYSEP 2 8 2022

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO: Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee

2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 9/27/2022

PRIORITY Regular Approval

OUR REF # (Order_ID#), 1074065

ORDER ENTITY

2638 LAKE DR 1, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

2638 LAKE DR 1, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 SEP 27 AM 8: 49

Zip Code

	2638 LAKE DR			
(Name of the Limited L (A F	iability Company as i lorida Limited Liabilit	t now appears on our rec y Company)	ords.) '	** ,
The Articles of Organization for this Limited Liabil Florida document number 1.22000414295	ity Company were	filed on September 22,	2022	and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the	limited liability c	ompany here:		
The new name must be distinguishable and contain the words	"Limited Liability Co	mpany." the designation "I	.LC" or the abbrev	fiation "L.L.C,"
Enter new principal offices address, if applicable	::			
Principal office address MUST BE A STREET A	DDRESS)	<u></u>		
Enter new mailing address, if applicable:				<u> </u>
Mailing address MAY BE A POST OFFICE BOX	<u>v)</u>			
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ss on our records, <u>ent</u>	ter the name o	the new regist
Name of New Registered Agent:				
New Registered Office Address:	<u> </u>			
		Enter Florida street add	lress	
			Florida	

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.

City

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
AMBR	Mario Calbi	2638 Lake Dr 1	□Add
		Riviera Beach, FI, 33404	■Remove
		 -	□Change
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Effective date, if other than the difference date is listed, the date must be note: If the date inserted in this block document's effective date on the Department.	be specific and cannot be pick does not meet the app	olicable statutory tili	(option more than 90 days after fi ng requirements, this o	ling.) Pursuant to 605.0207 (3
e record specifies a delayed effective d is filed.	date, but not an effectiv	e time, at 12:01 a.m	. on the earlier of: (b)	The 90th day after the
Dated September 26	. 2022	·		
	Scott C	. Schuster		
S	ignature of a member of h	uthorized representativ	e of a member	
	Scott	J. Schuster		

Filing Fee: \$25.00