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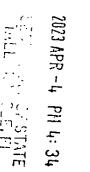
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COVER LETTER

	Registration So Division of Cor			
Otto IE		LER AND ASSOCIATES LLO	С	
SUBJEC	JT:	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Alvin L Miller		
			Name of Person	
			Firm/Company	
		PO Box 1422		
			Address	
		Vero Beach FL 32961	. 2	
		alvin1961@gmail.com	City/State and Zip Code	•
Car forth	ur information o	E-mail address: (oncerning this matter, please c	(to be used for future annual report notification)	•
		oncerning this matter, prease e		·
Alvin L	· -		at () 6337520	•
	Name o	f Person	Area Code Daytime Telephone Number 🗂 🖅	
Enclosed	l is a check for tl	he following amount:		
■ \$25 .	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section			Street Address: Registration Section	
Division of Corporations			Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rs on our records.)				
he Articles of Organization for this Limited Liability Company were filed on 09/23/2022 lorida document number L22000415747				
ere:				
lesignation "LLC" or the abbrev		C."		
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	မှ			
ecords, <u>enter the name of</u>	[the new	regis		
rida street address				
Florida				
	ecords, enter the name of	ere: designation "LLC" or the abbreviation "L.L. designation "LL		

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 Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	Alvin L Miller	PO Box 1422 Vero Beach FL 32961	
		GERROD MILLER	■Remove
			□Change
			□Add
			□Remove
			□Change
			Add
			Add Remove
			P Change = 1 S Add
			□Remove
			□ Add
			□Remove
			□Change
			🗆 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. January 20Th Gerrod Miller Typed or printed name of signee

Filing Fee: \$25.00