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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TOTUM Services UC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jeremy Migliovi Jame of Person	
Firm/Company	
Shove wood Dv. Address	
Tavaves, FL 3298 3278 City/State and Zip Code	
E-mail[address: Jo be used for future annual report notification)	
For further information concerning this matter, please call:	
Thomas Rice at (352) 408-1304 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Solutional copy is enclosed}\$\$\$ \$60.00 Filing Fee, \$\$60.00 Filing Fee, \$\$6	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Name of the Limit	ed Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited L Florida document number <u>L 22000U29</u>	iability Company were filed on <u>OCTDDE</u>	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
Enter new principal offices address, if applic	able:	"LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	20 20 P2
		ALLAH ALLAH
B. If amending the registered agent and/or ragent and/or the new registered office addre	•	PH II
Name of New Registered Agent:	Jeremy Migliori	4: 27 E. FL
New Registered Office Address:	Enter Florida street d	address
	Cin	, Florida
	City	zıp ∪oae

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 = Manager
AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jeremy Migiori	III Shorewood Dr.	DAdd
AMBR	J	Tavaves FL, 300000 32778	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

ii an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	ctive date, if other than the date of filing:
ne reco	ord 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 filed.
Date	d October 24, 2022.
	Signature of a member or authorized representative of a member
	Thomas Kice Typed or printed name of signee