L22000 H39 N/6

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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Sect Division of Corpo					
subject:S	(y wayfercing, LL Name of Lim	Cited Liability Company	÷ ,		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	Nicholas	Derhish Name of Person			
		fexing LLC FirmCompany	<u>.</u>		
	337 Tavern				
	<u>oldsmar</u>	FL 34677 City/State and Zip Code			:
	10) gurnes (Skyway Fercing obe used for future annual r	eport notification)		-
For further information con	cerning this matter, please ca	11:			٠.
Mittelas D Name of P		at (<u></u> //2 Area Code	996-662 Daytime Telepho	one Number	i V.
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 Star Certified Copy (additional copy is en	tus &

Street Address:
Registration Section
Division of Corporations

The Centre of Tallahassee

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flor	fility Company as it now appears or ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L 22000 H 39</u> F	Company were filed on <u>//</u>	-/4-2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L Enter new principal offices address, if applicable:		nation "L1.C" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADI	DRESS)	
		1
Enter new mailing address, if applicable:		 I
(Mailing address MAY BE A POST OFFICE BOX)		
	-	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or register agent and/or the new registered office address here		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	Isher Horida	
	City	, Florida 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 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
AMBR	Nicholas Derbish	337 Tavernierdrive	□Add
		oldsmar FL 34677	Remove
			□ Change
			
		-	□Remove
			□Change
			,□ Add
			: □Remove
			□Change
			Remove
		.	Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove

	richolas Den	pish from	the LLC, s	kyuaytén	cing
Removing 1, as he is no cther occupa	longer part	lipating inth	e Company o	lue to my	
other occupa	tona	1 0	/ /	A	
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etive date, if other that effective date is listed, the date. If the date inserted in to ment's effective date on	ate must be specific and this block does not m	l cannot be prior to date neet the applicable s	of filing or more than	(optional) 90 days after filing.) Pements, this date wi	Pursuant to 605
	·				
ord specifies a delayed el filed.				arlier of: (b) The 9	90th day afte
	16.	2023			
ed February					
ed February	Mari	11/1	21		
ed February	Signature of a n	nember or authorized	fepresentative of a mer	nber	