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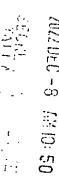
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Fonseca Floo Name of Limi	ring + Remodited Liability Company	teling LLC
The enclosed Articles of Amendment and fee(s) are sub-		
Chall	lang Voldes	
Fonsecaf	Firm/Company 4 Rem	rodoling Uc
5985 w 1	Address	. 10° ti
	City/State and Zip Code	2022 DEC -
E-mail address: (t	186 smal. com	cation)
For further information concerning this matter, please ca	all:	70.5
Chalang Valdus Name of Moon	at (786) 817- Area Code Daytime	3173 Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Solution See Service Service See Service Service See Service See See Service See See See See See See See See See S	☐ \$55.00 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L220064464.76}$	<u>.</u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5985 W 14 AUR
(Principal office address MUST BE A STREET ADDRESS)	Hialean, Ft, 33012
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1072 DEC - 6
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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.

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
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n effective date is liste te: If the date insc	ner than the date of ed, the date must be spec- erted in this block does date on the Departme	ific and canno s not meet th	ot be prior to re applicabl	5/22 date of filing e statutory f	or more than	(opt: 90 days afte ements, th	r filing.) Pu	rsuant to 605.0 I not be listed
ecord specifies a de is filed.	layed effective date, b	out not an ef	fective time	e, at 12;01 a.	m. on the e	arlier of: (b) The 90	Oth day after (
ed Decen	ober 5	<u>2</u>	022_					
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	Signatur	re of a membe	er or authoris	ed renresent	tive of a mer	nber		