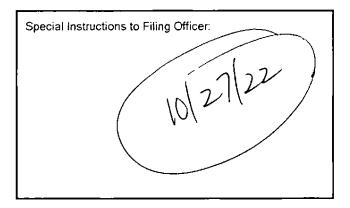
L22000450/52

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status



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COVER LETTER

TO: Registration Se Division of Cor			
sивјест: <u>Віс</u>	COOL Tracking	y hhc	<u> </u>
) Name of Lim	i tell Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John A	twell Jr	
		Name of Person	
		Firm/Company	
	5948 NW 8	Address	
	Tamware	FL 33321 City/State and Zip Code	
	Jatuel 120 tomal address:	50 6 mail - Com to be used for future annual report noti	fication)
For further information co	oncerning this matter, please of	all:	
John Atwo	FPerson	at (<u>954</u>) <u>488 - 4°</u> Area Code Daytim	837 e Telephone Number
Enclosed is a check for th	ne following amount:		
C. \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	C1 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Sec	
Linusian at C	ornorations	Division of Cor	MARGINANC

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

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 Limited Liab	CKING LLC illity Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L2200045015</u>	Company were filed on	0/19/2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the design	nation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
(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		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
<u> </u>		Florida
	Cuy	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
MGR	Alsony Awellyr	5948 NW 88th Ave Tamorae F1 33321	EAdd
			□Remove
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			Files

	
Note:	tive date, if other than the date of filing: \(\lambda \) (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 () If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco ord is f	rd 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 iled.
Dated	10 24 2022 . 2022 . 2022 . Signature of a member or authorized representative of a member
	1.1. Atual Jo
	Signature of a member or authorized concentrative of a member

Filing Fee: \$25.00