## L22000452004

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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corpor			
SUBJECT: JOS	Name of Limited Liability Company	-	
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.		
Please return all corresponde	ence concerning this matter to the following:		
	JASMINE OUTEN Name of Person	<del></del>	
	Firm/Company	SECF TALL	
	329 BEACON HAYDOUY LOOP	— <u> </u>	1
	Bradenton FL 34212  City/State and Zip Code	11 53	
-	E-mail address: (to be used for future annual report notification)	η 3	
For further information conc	erning this matter, please call:		
JASMINE (	at (443) 354 - 0751 Area Code Daytime Telephone Numb	<del></del> er	
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee 〔	(additional copy is enclosed) Certifie	Filing Fee, cate of Status & ed Copy had copy is enclosed)	
Mailing Address: Registration Sect Division of Corp			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	pany as it now appears on our Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000452004</u> .	y were filed on <u>DCTDY</u>	oer 20, 202	Zand ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	on "LLC" or the abbrev	iation "L.	.L.C."
Enter new principal offices address, if applicable:			~3	
(Principal office address MUST BE A STREET ADDRESS)			23	<del></del>
		<del></del>		· i
Enter new mailing address, if applicable:			·- <u>-</u>	
(Mailing address MAY BE A POST OFFICE BOX)		Dr.	= در	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of	the nev	v registere
Name of New Registered Agent:				
New Registered Office Address:				<del></del>
	Enter Florida street	address		
	Pile.	, Florida	Z:. (' . )	
	City		Lip 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jasmine outen	329 BOOKUN HARBUUT LOOP	_ [\sqrtandd]
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