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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

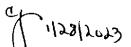
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<u> </u>	Dave Pl	UMIY ne of Limit	ng LC cd Liability Comp	any		
Articles of A	mendment and fee(s)) are subm	nitted for filing.			
ll correspond	dence concerning this	s matter to	o the following:			
	8685 B)ayme	eqdows Address	RdE	APT.	429
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Name of F	lenegas Person		at (505 Area Co) <u>231</u> de Day	78 70 rime Telepho	one Number
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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

FLED

Saxe Pluming (2022 NOV -8 PM 1:22
(Name of the Limited Lability (A Florida	Company as it now appears on our records.) SELNE, Limited Liability Company) IALLAHASSEE, FL
The Articles of Organization for this Limited Liability Co. Florida document numberLZZ000459953	impany were filed on October 25, 2022 and assigned
This amendment is submitted to amend the following:	
	ed liability company here: ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	Jacksonville Fl 32256
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8685 Baymendows Rd E Apt 429 Jacksonville FL 32256
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
Now Dominational Accords Commenced if about the Domination of	A wants

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
			□Add
			□Remove
			□ Change
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D. 11 un	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ei Note:	tive date, if other than the date of filing:
cord is f	
Dated	3th Novembee 2022 Signature of a member or authorized representative of a member
	Soorro & Venegas. Typed or printed name of signee