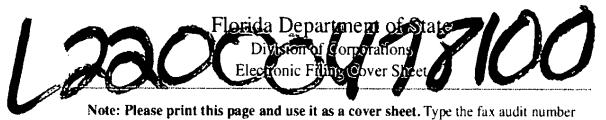
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A202 LABEL LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

A202 Label LLC				
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on our records.) I Liability Company)			
The Articles of Organization for this Limited Liability Compan	y were filed on 11/08/2022		and assig	gned
Florida document number L22000478100				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
A202 LaBelle LLC				
The new name must be distinguishable and contain the words "Limited Lia	oility Company," the designation "LLC" or the	ne abbrevia	ation "L.L.	.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
		25 25		
3. If amending the registered agent and/or registered office		-	thenew	register
gent and/or the new registered office address here:				
		_	<u>α</u>	
Name of New Registered Agent:			- 9	r -
		4-		<u>{_</u> ,
New Registered Office Address:	Enter Florida street address		7 <u>7</u>	
	Emer r tortaa sirver adaress	 	_	
	, Florida		5	
	City	Z	ip 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

Title	<u>Name</u>	Address	Type of Action
			
			Remove
			Remove
			□ Change
			□Add
		 	
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Effective date, if other than the d f an effective date is listed, the date must	ate of filing:		(optional)	
Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the applic	cable statutory filing requir	90 days after filing.) Pursuant to 605.0 ements, this date will not be listed	207 i . as t
record specifies a delayed effective d is filed.	date, but not an effective t	ime, at 12:01 a.m. on the e	arlier of: (b) The 90th day after t	he
Dated February 8th	2023			
	1/6	2 to		
	/~~	-		

Filing Fee: \$25.00

Typed or printed name of signee