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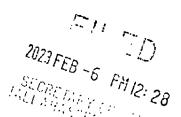
COVER LETTER

TO:

TO: Registration So Division of Cor			-			
SUBJECT: Film	by action same of Lim	ited Eliability Company				
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.				
	ondence concerning this matter	-				
		10 mg 10 mg 1				
	Donor	Jyh Holmes Name of Person	3			
	Filmby	restretic STI	1 4			
	1500 W Pe	nsacola St # 5	518			
	Tallahasse	e FL, 3030 City/State and Zip Code	4			
	donovyn whose	Dimail. Com	fication)			
For further information c	oncerning this matter, please c	att:				
Name o	f Person	at () Area Code Daytim	e Telephone Number			
Enclosed is a check for the	ne following amount:					
V. \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres Registration (<u>Street Address:</u> Registration Sec	rtion			
Division of C		-	Division of Corporations			
P.O. Box 632		The Centre of T				
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(A Florida Limited Liability Company)

(A Florida	a Limited Liability Company)
i he Articles of Organization for this Limited Liability Co Florida document number <u>L.D. 190509759</u>	Company were filed on 12/05/22 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limit</u>	ited liability company here:
The new name must be distinguishable and contain the words "Limi	nted 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 ADDR	RESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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 I sing 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

Title	Name	Address	Type of Action
AMBR	Isaiah Martin	8347 Hartwell ave Detroit, Michigan	□Add
			ZRemove
			□Change
			□Add
			□Remove
			□Change
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<u>ote:</u> If t	date, if other the redate is listed, the che date inserted in s effective date or	this block does t	not meet the ap	plicable statutory	g or more than 90 c tiling requirements	(optional) lays after filing) Purs ents, this date will i	uant to 605.020 not be listed as
record sp is filed.	ecifies a delayed o	effective date, but	t not an effecti	ve time, at 12:01	a.m. on the earli	er of: (b) The 90t	h day after the
ated	12/06/3	23	<u> </u>	·			
			2-0411	en /			
		Signature	of a member .	authorized represer	itative of a membe	r	

Filing Fee: \$25.00