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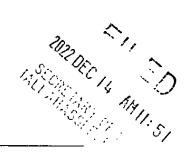
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	Good Joh	Johnny find Lightlin Company		
	Name of Lim	ued Euromia Combana Q		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Kendren	Virgil		
		Name of Person		
Division of Corporations Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kendrew Virg				
		Firm/Company		
	7263 01	a Bothidge R	d	
		ridutess		
	J-11- 100 CC	00 F1 32303	7	
	- 1004 C 114 3 J	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	E-mail address:	hmy 22 Cgmain to be used for future annual report notification	(, C.o.	
For further information co				
V 00-702- 11	Cu. I	Poto 211 "	1 (1)	
Name o	f Person	at (850) 210 Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Mailing Address	-	Street Addrage		
			etion	
Division of Corporations		•		
·		Tallahassee, FL	32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liability Company were filed on __ Florida document number LDA (XXXIII) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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 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

, Florida

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>	Name	Address	Type of Action
MGR	Kendren Virgil	7263012 Bain bridge	- MAdd
	·	Address 7263012 Bain bridge Tallahassee F1 32303	_ □Remove
			Change
MGR	Johnathan Virgil		□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
_	
Note: If	date, if other than the date of filing:
f the record s ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	12/14/22
	Lude Signature of a member arouthorized representative of a member
	Kendrese Virgil Typed or printed name of signee

Filing Fee: \$25.00