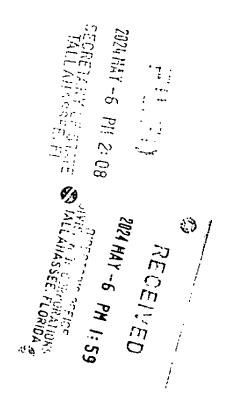
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COVER LETTER

TO: Registration Division of	i Section Corporations		
SUBJECT: <u>Mo</u>	ve for ungred Trains Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Pensacola Pensacola Mucfor ward to E-mail address: (i	Firm/Company Firm/Company Address Address City/State and Zip Code Tency for to thing 23 2 to be used for future annual report notification 23 2 to be used for future annual report notification.	GMal.con
Nan	ne of Person	Area Code Daytime	e Telephone Number
Enclosed is a check fe	or the following amount:		
S25.00 Filing Fee	S30.00 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)
P.O. Box 6	n Section f Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nove forward yang (Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>222005/978(</u>	mpany were filed on 12-12-2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	148 Gladiola Dr Esso Pensacola, Fl 3250C
(Principal office address MUST BE A STREET ADDRE	SSS) Penicode, Fl 3250L
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2024 HZY -6 PH 2 SECRUTA - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent: Ke	an B Monray
New Registered Office Address: 14	8 6 9 dies 9 0 C Enter Florida street address
	Pensacte , Florida 3250C

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
MGR	Johnnie Monrae	148 Gladiola Dr	□ Add
		Powacela, Fl 3250L	Aremove
			□Change
MGR	Koun B Monre	148 idedicla Dr	DAdd
		148 (dedicts Dr Pensande, F1 72506	□Remove
			□Change
			□ Add
			☐ Remove
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			□Change
<u></u>			□Add
			□Remove
			□ Change

D. If amending any of	ther information, enter	r change(s) here:	(Attach additional s	heets, if necessary).)
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Effective date, if of	her than the date of fil	ling·		(optional)	
(If an effective date is list Note: If the date inse	ted, the date must be specific erted in this block does no date on the Department of	and cannot be prior to of meet the applicab	date of filing or more that le statutory filing requ	in 90 days after filing.) Pursuant to 605.0207 (3) will not be listed as the
f the record specifies a decord is filed.	elayed effective date, but	not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) Th	e 90th day after the
Dated 5-6	-24 24 Signature o	·	-·		
	1/2/2/	/2	_		
	Kain	B Mar	name of signee		
		Typed or printed	name of signee		

Filing Fee: \$25.00