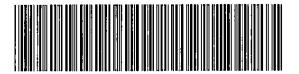
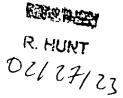
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## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	rporations				
SUBJECT:	nagged Event	Savtas			
	Name of Lin	nited Liability Company			
TI I I I I I I					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	LPSA P	1000000			
		Name of Person		-	
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	E-mail address:	to be used for future annual report no	Com dification)		
For further information of	concerning this matter, please e				
Gordon n	29<5in	at ( <mark>954) ЦЦЦ с</mark> Area Code Daytir	10381		
Name o	of Person	Area Code Daytii	me Telephone Number		
Enclosed is a check for the	he following amount:				
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &: Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	\$60.00 Fi	ling Fee, te of Status &	
		(additional copy is enclosed)	Certified		
<u>Mailing Addres</u> Registration S		Street Address:			
Division of C		Registration Se Division of Co			
	- L 2	DO BIOLOT CO	cporacions.		

The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company A Florida Limited Lia	as it now appears on or bility Company)	ir records.)			
The Articles of Organization for this Limited Lia	bility Company w	ere filed on Ol	/ග /გපු	an	d assigne	ed
Florida document number <u>30006</u>	37				Ū	
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liabili	ty company here:			7. .3	
The new name must be distinguishable and contain the wor	rds "Limited Liability	Company," the designat	on "LLC" or the	: abbreviație	7. ຫຼື "L.L.C:	<del></del>
Enter new principal offices address, if applical	ble:			r	~ \ \	· <b>.</b> .
(Principal office address MUST BE A STREET	-				<u>ت</u> ا و	· P
	-				) ) ) )	, j
Enter new mailing address, if applicable:	-	<u></u>				
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		<u>-</u>			
B. If amending the registered agent and/or regagent and/or the new registered office address	;istered office ado <u>here</u> :	dress on our records	s, enter the na	nme of the	e new re	<u></u> gistered
Name of New Registered Agent:	Gordon	marrin		_ <del></del> .		
New Registered Office Address:	11332 C	Sewater C Enter Florida stre	et address			
	waling	ton City	, Florida <sub>.</sub>	33411 Zip C	Ode	

## 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
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Effective date, if other than the date of filing:  fan effective date is listed, the date must be specific and cannot be prior to date of fili  Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ing or more than 90 days after filing.) Pu	irsuant to 605.0207 I not be listed as
record specifies a delayed effective date, but not an effective time, at 12:0 d is filed.	l a.m. on the earlier of: (b) The 90	0th day after the
Dated <u>02/18</u> . <u>2023</u> .		
Cordu Jam		
Signature of a member or authorized represe	entative of a member	*

. . .

Filing Fee: \$25.00