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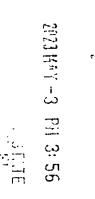
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on our resibility Company)	ecords.)		
The Articles of Organization for this Limited I Florida document number	Liability Company w	rere filed on Olle	05/2023	and as	signed
This amendment is submitted to amend the fol A. If amending name, enter the new name of	•	ty company here:			
The new name must be distinguishable and contain the			"LLC" or the abbrev	 riatiقi "I.	L.C."
Enter new principal offices address, if appli		<u>-</u>		77. 72%	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			ပ် <u>ဘ</u>	····
Enter new mailing address, if applicable:			E 67 7577 1776 1776	3: 56	Angus
(Mailing address MAY BE A POST OFFICE	EBOX)		· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or agent and/or the new registered office addresses	•	dress on our records, <u>e</u>	nter the name o	f the ne	w registere
Name of New Registered Agent:	KEN	1ESHA	Coti	5	
New Registered Office Address:	4809	S U 4 S Enter Florida street a	31 H	<u> </u>	<u> </u>
And Wak.	Holly	Cin	. Florida	330 Zip Code	223

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 adde or removed from our records:

MGR = Manager

AMBR = **Authorized Member**

<u>Title</u>	Name	Address	Type of Action
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ffective date, an effective date ote: If the date ocument's effect	e inserted in th	iis block does i	not meet the	applicable s	e of filing or n statutory filir	nore than 90 da ng requiremen	(optional) ys after filing its, this date	g.) Pur	suant to 605.0 not be liste	020 ∙d a
record specifies	s a delayed eff	ective date, bu	t not an effe	ctive time, a	t 12:01 a.m.	on the earlie	rof: (b) T	he 90	th day after	the
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