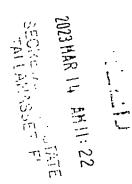
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COVER LETTER

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Name of Limi	ited Liability Company		
nendment and fee(s) are sub-	mitted for filing.		
lence concerning this matter	to the following:		
Jurge L	Name of Person		
	Firm/Company	<u></u>	
1565 Dia	mund Loop D	× 25 273	
XBS FC	34744 City/State and Zip Code	ALL STATE)
3211-e/s Rs (me Damail C to be used for future annual report notif	OW E	į
cerning this matter, please ca	all:	22 22	
40 rales Terson	at (<u>UO-</u>) <u>DIG (</u> Area Code Daytime	Telephone Number	
following amount:			
☐ \$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)	
	Name of Lim Name of Lim nendment and fee(s) are subtence concerning this matter June J	Name of Limited Liability Company mendment and fee(s) are submitted for filing. Idence concerning this matter to the following: Some of Person	mendment and fee(s) are submitted for filing. lence concerning this matter to the following: DVGP

Division of Gorporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Comp	pany as it now appears on of I Liability Company)	our records.)		
(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Company	y were filed on <u>0</u>	in 6,202	3 and assign	ned
Florida document number <u>L2.30000 14495</u> .		·		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designa	ntion "LLC" or the abbr	reviation "L.L.C) W
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)			-23	
		100	23	
		E.S.	148	
Enter new mailing address, if applicable:			<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		
		n : : : : : : : : : : : : : : : : : : :	17. 2	
			計り	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	: address on our record	ds, <u>enter the name</u>	of the new r	egistered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida st	reet address		
·	/*in	Florida	2:- C 1	
	City		Zip Code	

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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AMBR Crystal Manuel Morales	1565 Damond Lap De	<u> </u>	
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2-11-13						
3-10-23	······································	······································				
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