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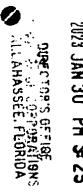


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2023 JAN 30 AM 8: 45 SECRETARY OF STATE TALL AVASSEE, FL

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Division of	Corporations		
SUBJECT: AS	(o Reifing 11C Name of Lin	mited Liability Company	
	of Amendment and fee(s) are su		
Please return all corres	pondence concerning this matter	r to the following:	į
	Alexader	Name of Person	
	ASC Reul	Name of Person Sirm/Company	,
	3101 33ru	ALL W Address	
	St. Pete, F.	L 33713 City/State and Zip Code	
		to be used for figure annual report notific	
For further information con	ncerning this matter, please c	all:	
Alexander C	otilia	at (727) 2(2 ·	7254 Telephone Number
ivame of P	erson	Area Code Daytime	reseptione Number
Enclosed is a check for the f	ollowing amount:	•	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en
Mailing Address:		<u>Street</u> Address:	•

Registration Section
Division of Corporations

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

2023 JAN 30 AH 8: 45

SECRETARY OF STATE TALLAHASSEE. FL

Zip Code

Same of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1.4.23 and assigned Florida document number 1 23 000015243 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 "LLC" 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 Florida

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

Title	Name	Address	Type of Action
MGR	Alexander Cocreta	3101 33" AUCN St. Pete, F	L WAdd
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Note:	we date, if other than the date of retive date is listed, the date must be spec If the date inserted in this block doe ent's effective date on the Department	s not meet the appli	icable statutory filing	(options to than 90 days after fill requirements, this d	al) ing.) Pursuant to 605.t ute will not be fisted)207 (3); I as the
the record cord is fil	d specifies a delayed effective date, ed.	out not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after	the
Dated	January 24	<u> </u>				
	Signatu	re of a member or aul	thorized representative	of a member		
	Alclandro	Alexa	nted name of signee			

Filing Fee: \$25.00