L23000021598

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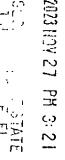
Office Use Only

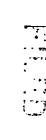


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TO: Registration Se Division of Cor			
222CW LL SUBJECT:	С		
SUBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robyn Burrows		
		Name of Person	
	Nishad Khan P.L.		
		Firm/Company	<u> </u>
	1303 N Orange Ave		
		Address	
	Orlando, Florida 32804		
	-	City/State and Zip Code	
	reception@nishadkhanlaw.		
For further information c	n-man address: (concerning this matter, please c	to be used for future annual report notification all:	2073 1:37 2
Robyn Burrows		407 228-9711 at ()	7 PH
Name o	f Person	Area Code Daytime Telep	ohone Number 117 07 3:
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 (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Section	
Division of C		Division of Cornerat	ions

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: 47AFFB64-D91E-4775-8624-92D044EF7810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

222CW LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed Florida document number $\frac{L23000021598}{L23000021598}$.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and contain the words "Limited Liability Company.	," the designation "LLC" or the abbreviation "L.L.C."
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)	
	202 PO F3
	5 7
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:	· # 2
	ter Florida street address
	, Florida
City	Zin 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.

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11 amenung Authorized rerson(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>	<u>Address</u>	Type of Action
MGR	CHRIS ROSE. LLC	11134 RIVER GROVE DRIVE	□ Add
		ORLANDO, FL 32817	Remove
			□Change
MGR	RNC MANAGEMENT LLC	1303 N. ORANGE AVE	≡ Add
		ORLANDO, FL 32804	□Remove
			□ Change
			□Add
			□ Remove
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Effective date, if other than the date of filing fan effective date is listed, the date must be specific and Note: If the date inserted in this block does not adocument's effective date on the Department of States.	meet the applicable st	of filing or more than 90 atutory filing requiren	days after filing.) Purs nents, this date will a	uant to 60 not be lis	5.0207 (ted as t
record specifies a delayed effective date, but not d is filed.			ier of: (b) The 90t	h day afte	er the
Dated November 13 Signature of a	, 2023				
	Clunisti	an Guz			
	185611	17B/E4CH	***		
Signature of a	member or authorized r	epresentative of a memb	ет		