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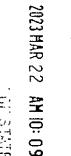
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FL LLC NAME AMENDMENT
SUBJECT: FL LLC NAME AMENDMENT Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Karein Bishop-Wright Name of Person
Name of Person
KAREIM TARREANNU BISHOP-WRIGHT, LLC Firm/Company
Firm/Company
4058 13+ Street, Suite 1073
Address
Saint Cloud, FL 34769
City/State and Zip Code
Saint Cloud, FL 34769 City/State and Zip Code CS. ktbw//c@gmail.com 1:-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Karcim Wright at (754) (667-9444 Name of Person Area Code Daytime Telephone Number
, , , , , , , , , , , , , , , , , , , ,
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAPETAI TARREMAND BI STICE-WRIGHT, LLC
(Name 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 Florida document number <u>4.236666.25561</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	bility company here: MANAGEMENT, LLC illiny Company "the designation "LLC" or the abbreviation "LLC"	
This amendment is submitted to amend the following:	MANAGEMENT, LLC	
A. If amending name, enter the new name of the limited lia	MANAGEMENT, LLC	
	MANAGEMENT, LLC ility Company," the designation "LLC" or the abbreviation "L.L.C."	
KAREFM TARREANNO BISHEP- WRIGHT	illity Company," the designation "L.L.C." or the abbreviation "L.L.C."	
The new name must be distinguishable and contain the words "Limited Liab		•
Enter new principal offices address, if applicable:	4058 13th St Suite 1073-11 2	_
(Principal office address MUST BE A STREET ADDRESS)	Saint Cloud, FL. 347691 & T	
	22 <u>C</u>	_
	SSC 7 11	
Enter new mailing address, if applicable:	4058 13 # SH. Suite 167510 등 다 Saint Claud, FL 34769 를 열	
(Mailing address MAY BE A POST OFFICE BOX)	Saint Claud . FL 39769 TH 3	
intuing address men by an one of the bond		•
Name of New Registered Agent: New Registered Office Address:		-
New Registered Office Address:	Enter Florida street address	
C	, Florida	-
19NA	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	
II Ch	anging 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>	Name	Address	Type of Action
			∐Add
			□Remove
			□Add
			□Remove
			□ Change
		TE	🗆 Add
			□Remove
			□Change
			□Remove
			□ Change
			🗆 Add
			□Remove
			☐ Change
			DAdd
			⊡Remoye
			□Change \

C. Transition of the contract