L23000036856

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COVER LETTER

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TO: Registration S Division of Co			
	ASSISTANCE LLC		
SUBJECT:	Name of Lin	aited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MIROSLAVA PAZ SOLE	ES	
		Name of Person	
		Firm/Company	
		Address	
	11449 SOLAYA WAY40	4	
	ORLANDO, FL 32821	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	dication)
MIROSLAVA, PAZ SO	- ,	407 272-0378	
Name	of Person		e Telephone Number
Enclosed is a check for	the 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)
Mailing Addre Registration		<u>Street Address:</u> Registration Se	etion
Division of C	Corporations	Division of Cor	porations
P.O. Box 63 Tallahassee,		The Centre of T 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIMILET ASSISTANCE FFC		<u></u>			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)				
The Articles of Organization for this Limited Liability Compan Florida document number <u>L23000036856</u>	y were filed on <u>01/19/2023</u>	and assigned			
This amendment is submitted to amend the following:					
Christ 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)					
The new name must be distinguishable and contain the words "Limited Liah	bility Company," the designation "LLC" or the ab	breviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		17.1 SE 288			
		- T			
Enter new mailing address, if applicable:		NASSE ASSE			
(Mailing address MAY BE A POST OFFICE BOX)		I.O. I			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	•			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	rmer v toruga street daaress				
	, Florida				
	City	Zip Code			

New Registered Agent's Signature, if changing Registered Agent:

OBTION AND COURT AND COLUMN

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
MGR	MIROSLAVA PAZ SOLES		□Add
			□Remove
		11449 SOLAYA WAY404ORLANDO, FL 32821	= Change
			□Add
		<u>. </u>	□Remove
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Filing Fee: \$25.00