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COVER LETTER

TO:

FO: Registration Se Division of Cor			
SUBJECT: 1820	101.1 LC		
SUBSTICE TO CO	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	< today Pla	0	
	Steven Ch	Name of Person	
	102	4	
	1820101, 66	E Firm/Company	
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	tort LANdar	City/State and Zin Code	4 5
	Stevenones	Sabell South. h	et leation)
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please co	all;	1 <u>F</u>
Steven	Chess	at (<u>954</u>) <u>605</u> -	2800
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
\$\$25.00 Filing Fee	☐ \$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)
Mailing Addres		Street Address:	
Registration : Division of C	l l	Registration Sec Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee.	FL 32314	2415 N. Monroo Tallahassee, FL	e Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1820101, LLC

(Name of the Limited Liability Con (A Florida Limit	ed Liability Company)	or records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 230000 408</u> 88	nny were filed on <u>Jah</u>	23, 2023	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and contain the words "Limited Li		<u> </u>	~.}
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designa	tion "LLC" or th e abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			1
(Tritipal office anarcss proof 1912).		<u> </u>	- 1:1
		ESTA	
Enter new mailing address, if applicable:		11	
(Mailing address MAY BE A POST OFFICE BOX)			
	····		
B. If amending the registered agent and/or registered offi- agent and/or the new registered office address here:	ce address on our record	ds, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:	r · · · · · · · ·		
	Enter Florida su	reet udaress	
		, Florida	
	Ciţy		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 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
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an effective date is liste	ed, the date must be spe	ecific and cannot be prior bes not meet the applic	to date of filing or	more than 90 days after	r filing.) Purs	uant to 60	05.0207 sted as
locument's effective	date on the Departir	ent of State's records		ng requirements, an	is duit will		
	layed effective date.	but not an effective t	ime, at 12:01 a.m	, on the earlier of: (b) The 90t	h day afi	ter the
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Dated APVIL	- 29.	2023	•				
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Filing Fee: \$25.00