## L23000041740

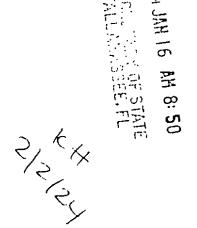
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(Business Entity Name)	<del></del>
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## **COVER LETTER**

TO: Registration of Division of	on Sectio <b>n</b> f Corporations		•	
SUBJECT: <u>Ho</u>	limone legal T	nited Liability Company		
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.		
Please return all cor	respondence concerning this matter	to the following:		
	Filomena	Maimone, Es	<del>4</del>	
	Maimone 1	egal Puc Firm/Company		
	1937 E AH	antic Blvd , Suite	2 101	
	Pompano	Peach FL 3 City/State and Zip Code	3060	
	Mena e M E-mail address:	(to be used for future annual report softifi	(action)	
For further informat	tion concerning this matter, please of	call:	2024 JAN	
Filomen	a Maimone	at ( <u>SSB</u> ) <u>SG3</u> Area Code Daytime	Telephone Number	e mente la c c c c c c c c c c c c c c c c c c
Enclosed is a check	for the following amount:		8: 50 STATE E. FL	
□ \$25.00 Filing F	ee TV\$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)	
	ion Section of Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations	

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited L	Japunty Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300041740</u>	were filed on 01/23/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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:	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address: 1937	E Atlantic BIVO Swite 10

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	Filomena Maimone	1937 EAllantic Blud,	🗆 Add
		Suite 101, Pompano	<u>∟</u> □Remove
		Suite 101, Pompano Beach, Fi 33060	_ DChange
			🗆 Add
			□Remove
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			🗆 Add
			□Remove
			(AGhange
		75 55 75 75	JARIS BENOVE STATE
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						13.55 14.55	
<u>iote:</u> If the da	, if other than t e is listed, the date of the inserted in this ective date on the	s block does not	meet the applica	o date of filing or n ble statutory filin	(opti nore than 90 days after g requirements, thi	r filing.) Pursuant to 6	्रि.0207 isted as t
record specifi Lis filed.	es a delayed effec	ctive date, but no	ot an effective tir	ne, at 12:01 a.m.	on the earlier of: (b	n) The 90th day a	fter the
ated Za	nuary	10	. 2024	<u>-</u> .	e of a member		
					<b>-</b>		

Filing Fee: \$25.00