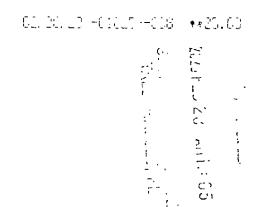
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

Division of Corp			
SUBJECT:	for mandy Name of Lim	Provisions ited Liability Company	LLC.
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	<u>S</u>	andra Canchez Name of Person	
	Norma	andy Provisio	US MC.
	932) 71st ST. Address	
	Miai	Mi Beuch; F City/State and Zip Code	21. 3314 E
	NOV MANAU E-mail address: J	City/State and Zip Code Court Manda C to be used for future annual report notif	amail.com
For further information con	ncerning this matter, please ca	all:	,
Savala Name of	Sanchet Person	at (323) Daytime	4-8754 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 Address: Registration Se Division of Co	ection rporations	Street Address: Registration Sec Division of Corp	
P.O. Box 6327		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

110.

Provision	ns, LLC.		
company as it now appears of nited Liability Company)	n our récords.)		
pany were filed on	23 2023	and assigned	
l liability company here:	:		
Liability Company," the desig	gnation "LLC" or the abbre	viation "L.L.C."	
	.	<u></u>	
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		<u> </u>	
	t (= 1	
	17.		
ffice address on our reco	ords, <u>enter the name o</u>	f the new register	<u>red</u>
			
Enter Florida	street address		
City	, Florida	Zip Code	
	I liability company here Liability Company." the designation [SS] Enter Florida	Liability Company here: Liability Company," the designation "LLC" or the abbre (S)	Diability company here: Liability Company." the designation "LLC" or the abbreviation "L.L.C." SS) Enter Florida street address Florida

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>	<u>Name</u>	Address	Type of Action
MGR	Sandra Sanchez	7441 Wayne Ave: Apt 15 Miami, Beach, F1. 35141	D ZAdd
		Miami, Beach, Pl. 35141	□Remove
			□Change
			□Add
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			© Change
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			□Add
			□Remove
			□Change

-	When we went to open our bank account
(our banker pointed out that my husband,
-	Benoit Rablat, appeared as the owner of
_	the LLC, and that I coneared as a member.
-	It was my mistake, when I proport the
-	U.C. We would like to ammend so trust
-	We gre both rough part owners.
_	Thank you,
=	Sawlin Samboz
=	
_	
-	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
-	
-	
-	F. *
-	
ffecti	ive date, if other than the date of filing: (optional)
Vote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
Jocum	ent's effective date on the Department of State's records.
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	2 22 23