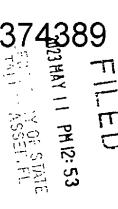
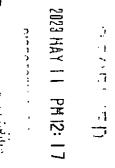
| (Requestor's Name) | |
|--|----------------------|
| (Address) | 900408 |
| (Address) | - |
| (City/State/Zip/Phone #) | |
| (Business Entity Name) | - សាស់ ស្រួម |
| (Document Number) Certified Copies Certificates of Status | 5/11/23 V.W |
| Special Instructions to Filing Officer: | O ACCA PAULE FLORIDA |

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COVER LETTER

Registration Section Division of Corporations

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| JECT: | Mame of Lin | MANAING LLC uted Liability Company | |
|-------------------------|---|--|---|
| nclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| z return all correspond | dence concerning this matter | to the following: | |
| | K10 | MA DANCY Name of Person | |
| | N | LLK_Handling Firm Company | LLC |
| | | 2032 which | ster circle |
| | | USTIS F1 32724 City State and Zip Code | |
| | H-mail address: (| _ (AN (Y 1) QYAN I to be used for Wine immundeport notif | O. (OM) |
| uther information con | ecerning this matter, please c | all: | |
| KIM MANne of F | Person DUNLY | at (<u>352</u>) <u>530</u> Area Code Daytime | Telephone Number |
| sed is a check for the | following amount: | | |
| s.25.00 Filing Fee | (17830,00 Filing Fee & Certificate of Status | TI \$55.00 Filing Fee & Certified Copy Gadditional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: | | Street Address: | |

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| (Name of the Limited Liability Composition (A Florida Limited L | ny as it now appears on our records.) hability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Company Torida document number <u>L230000 23 65</u> . | were filed on $02/02/23$ and assigned |
| This amendment is submitted to amend the following: | |
| a. If amending name, enter the new name of the limited liabi | ility company here: |
| he new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | 23 T |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> | 11 PM 12: 53 |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: | iddress on our records, <u>enter the name of the new registe</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | Florida |
| | City Zip Code |

Thereby 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 |
|--------------|---------------|---------|----------------|
| Ambr | Klama Dancy | | □Add |
| | | | □Remove |
| | | | T hange |
| MBR | Damauno King | | □Add |
| | | | □Remove |
| | | | QCrange |
| MBR | Tarmika nimon | | □Add |
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| | | | iDenange |
| m6R | marnika Ash | | □Add |
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| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | □Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated MAY II . 2023.

MAU D. DANU

Signature of a member or authorized representative of a member KIAWA DAN LY
Typed or printed name of signee