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## **COVER LETTER**

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Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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 Com (A Florida Limite	By Farmado	112
Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ad Liability Company)	
The Articles of Organization for this Limited Liability Compare	ny were filed on	$\frac{GZ}{\text{and assigned}}$
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1000	
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic	e address оп our records, <u>enter the nar</u>	ne of the new registered
agent and/or the new registered office address here:		
N. C. S. C. Const. A. C. C.		, ; ; ; <del>;</del>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	* · · · · · · · · · · · · · · · · · · ·
	, Florida	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
AMER		200 Hispanista 15 200	/ <sup>! /</sup> ÚAdd
			DRemove
			□Change
			⊔Add
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			□Remove
			Change

n effect o <mark>te:</mark> H	e date, if other than the date of filing:
ecord s is filed	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
	June 21 2023.
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ted	Signature of a member or authorized representative of a member  The property of the content of t

Filing Fee: \$25.00