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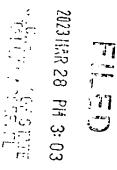
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Y. SCOTT MAY 1 3 2023

COVER LETTER

TO: Registration Se Division of Cor		×.	
	Mobile Notary Services LLC		
SUBJECT:	Name of I	limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
	Skyi Hubbard		
		Name of Person	
	New Business Filing Ll	LC	
		Firm/Company	٠ 2
	8170 Washington Villa	ge Dr	2023 HAR
		Address	AR .
	Dayton Ohio 45458		28 J
		City/State and Zip Code	
	skyi@newbusinessfiling	.org ss: (to be used for future annual report n	「いい」 otification) この Otification) この
For further information of	oncerning this matter, pleas		offication)
Rebecca Huber		239 222-1229	
	of Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for the	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 S	
Division of C	Corporations	Division of C	Corporations
P.O. Box 632 Tallahassee.		The Centre of 2415 N. Mon	f Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our rec ited Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Comp. Torida document number 1.23000072082	any were filed on 02/08/2023		_ and assigned
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited	liability company here:		
he new name must be distinguishable and contain the words "Limited I	.iability Company," the designation "l	LC" or the abbre	eviation "L.L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
o de la companya del companya de la companya de la companya del companya de la co			7023 HAR
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			28
Making duaress WAT BE A FOST OFFICE BOA		70 CD	<u> </u>
		170	دې گ
 If amending the registered agent and/or registered off agent and/or the new registered office address here: 	ice address on our records, <u>en</u>	ter the name	of-the new regis
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street ad	dress	
		. Florida	
	City	, i-iviiua	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Rebeccas Mobile Notary Services LLC

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>	<u>Address</u>	Type of Action
AMBR	Rebecca Huber	1846 Powell Dr Lot 23	• Add
		North Fort Myers Florida 33917	□ Remove
			□ Change
			
	_		Remove □ Remove
			DRemove DRemove DRAM
			77 → UAdd 175 ↔ CRemove
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		(
fective date, if other than the da n effective date is listed, the date must b	e specific and cannot be prior to date of filir	(optional) ing or more than 90 days after filing.) Pursuant to 605
ote: If the date inserted in this block cument's effective date on the Department		ry filing requirements, this date will not be liste
·		
	ate, but not an effective time, at 12:01	l a.m. on the earlier of: (b) The 90th day after
is filed.		
March 23	2023	
ted March 23	·	
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'Affred	gnature of a member or authorized represe	