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COVER LETTER

SUBJECT: SHEVE ILOUID LUC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: SHEVE ILOUID Name of Person Firm/Company 2081 NU IHM AUC Address High Courters FL 33 IUG City/State and Zip Code Submitted for future annual report notification) For further information concerning this matter, please call: Matter ILOUID Name of Person at 180 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certified Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	TO: Registration Se Division of Cor				
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Steve Tlavish Name of Person Firm/Company 20811 NU 14th Aue Address Highi Govdens, FU 33 log City/State and Zip Code SvaleAttu1836 UcM00.cjm E-mail address: Yo be used for future annual report notification) For further information concerning this matter, please call: Marca Code Tavin Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Registration Section Division of Corporations Firm/Company Address: Registration Section Division of Corporations	The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Firm/Company Address Hiam Govdens, FL 33 log City/State and Zip Code SVALEATINGS & UCM00.CJM E-mail address to be used for future annual report notification) Area Code To Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate Opy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Firm/Company Address Firm/Company Firm/Company Address Firm/Company Fi	Please return all correspo	ondence concerning this matter t	o the following:		
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SVALENTING 36 UCMO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person at (180) 480-3000 Name of Person at (180) 480-3000 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations		Hiami Gova	LEMS, FC 3316	1	25 E
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Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Steve, Ilavior	1 UC				
(Name of the Lim	ited Liability Compar (A Florida Limited L	ny as it now appears on out liability Company)	ir records.)		
The Articles of Organization for this Limited I Florida document number 123000	Jability Company	were filed on <u>02-</u>	4-2023	and assign	ied
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liabi	lity company here:			
The new name must be distinguishable and contain the	t. 647 (() T (L) 1	a. Camana " the deciment	ion "I I C" or the abl	hreviation "I I (- · · ·
		ity Company, the designati	OH ISEC OF THE ADI	oreviation E.E.C	
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)			7 77 77 77 77 77 77 77 77 77 77 77 77 7	
Enter new mailing address, if applicable:				3 APR -3	1]
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				29 TE	
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office a ess here:	ddress on our records	s, <u>enter the nam</u>	e of the new r	<u>egistered</u>
Name of New Registered Agent:	Steve II	arion Tru	st		
New Registered Office Address:	90811 NO	Enter Florida stre	eet address		
	Miami G	OV dens.	, Florida <u>3</u>	3100 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.

City

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 Type of Action **Address** Title Name 20811 NUSIYTH AVE HIGHI GANGLEMS, FC 33169 Steve Jamon Trust Remove ☐ Change MGR ILarian Steve □Add 20811 NW 14th AVE MIGMI GOVDENS, FL 33/69 PREMOVE ☐ Change 20811 NW 14th 19Ve, HIGMI GOVDENS, FC. 33169 ☐ Change ☐ Remove ☐ Change □Remove __ Change

Effective date, if other than the date of filing: [In an effective date is listed, the date must be specific and cannot be price to date of filing or more than 90 days after filing.) Pursuant to 605.020. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date is listed, the date must be specific and cannot be price to date of filing or more than 90 days after filing.) Pursuant to 605.020. See 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 dis filed. Signature of a member or authorized representative of a member Steve Turvisce Signature of a member or authorized representative of a member The Steve Turvisce Steve		
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Filing Fee: \$25.00