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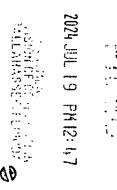
(Requestor's Name)	
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(City/State/Zip/Phone #)	
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A. PARISHANI JUL 2 7 2024

COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations		
SUBJECT: Notacha S. Ilario	in UC	
Name of Lin	mited Liability Company	202
		2024 JUL
		28 F
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.	28888 1988 1988 1988 1988 1988
Please return all correspondence concerning this matte	r to the following:	70.7
,	,	25
Natacha:	Name of Person	PH 12: 1-7
	Firm/Company	
907 NE 134	th Street	
M 3		
North Micu	MI, HL 3310	
	City/State and Zip Code	
SUPPOY-ONAT E-mail, address:	(to be used for future annual report notification	on)
For further information concerning this matter, please	call:	
Natacha Ilarian Name of Person	at (780) 489-30	ephone 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corpora The Centre of Talla	n ations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Notación S. Ila. (Name of the Limited (A	Liability Company as it now appears on our re	ecords.)
The Articles of Organization for this Limited Liab Florida document number <u>L33000000</u> This amendment is submitted to amend the follow A. If amending name, enter the new name of the	ility Company were filed on <u>Oally</u> 173: ing:	202 assigned JUL 19 PH 12: 47
The new name must be distinguishable and contain the word		'LLC" of the abbreviation "L.L.C."
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)		
Frincipul office dadress MOST BE A STREET		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		<u>iter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
	City	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>	<u>Name</u>	Address	Type of Action
4GR	Natacha Tlarun	907 NE 134 thistreet North Mi	Why DAdd
			□Remove
			□Change
			🗆 Add
		A.C.	2021 Remove .
		AHASSIII	Change
		(72) 24 	PAdd ·
		90	
			Change
		<u>. </u>	□Add
			□Remove
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			□Remove
			□ Change

If amending any other information, enter change(s) here: (Attach additio	
	202
	SSE 19 PH 12
	- L
	90
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or me Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.0207 (g requirements, this date will not be listed as the
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or ord is filed.	on the earlier of: (b) The 90th day after the
Dated July 10 , 2024.	
Matalia Manager of a member or authorized representative	of a member
Natacha I Carin Typed or printed name of signee	

. . . .

Filing Fee: \$25.00