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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	ECT:			
		Name of Lim	ited Liability Company	<i>,</i>
The en	closed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Name of Person	
			Firm Company	
			Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For fur	ther information c	oncerning this matter, please co	all:	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	he following amount:		
□ \$2	5.00 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 5		Street Address: Registration Sec	tion

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

Poyul Oct (Name of the Limited L	iability Company as it now appears torida Limited Liability Company)	on our records.)	· ,
(A.F.) The Articles of Organization for this Limited Liabil Florida decument number	ity Company were filed on	ebnary 20' 20 and	193 i assigned
this aroundment is submitted to amend the following	ng:		
A. It amending name, enter the new name of the	limited liability company here	<u>e</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the des	ignation "LLC" or the abbreviation	ı "L.L.C."
Enter new principal offices address, if applicable	::		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Maijing address MAY BE A POST OFFICE BO)	<u> </u>		
P. If amonding the registered agent and/or regis		ords, enter the name of the	new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street adåress	
_	Cin:	, Florida Zio Co	
	— · · ·	ing co	•

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 omending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added are removed from our records:

AFGR = Manager AFGR = Authorized Member

Hile	<u>Name</u>		Address		Type of Action
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				15 (CC) 15
Sective d	ate, if other than the	date of filing:	(6	option a l)
<u>lote:</u> If the	e date inserted in this blo	t be specific and cannot be prior to da bock does not meet the applicable epartment of State's records.	te of filing or more than 90 days statutory filing requirements	after filing.) Pursuant to 605.0 , this date will not be listed
	cifics a delayed effective	e date, but not an effective time, a	at 12:01 a.m. on the earlier o	f: (b) The 90th day after (
	10/5	2023	\bigcirc /	
i is filed.	1() 1 5		/ / /	
ns filed.	10 1 3	,	/ AA	
	10 1 3	Signature of a member or authorized	representative of a member	h