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COVER LETTER

Registration Section Division of Corporations

iect: <u>H</u> O	11 Mane of Lum	ordyn MC (ted Liability Impany	CKLLC
, selosed Articles of 8	Amendment and fee(s) are sub-	mitted for filing.	
e return all correspor	ndence concerning this matter	to the following:	
		lan Meck	
	Hair bu	<i>1</i> / ₁	_
	3019 BC	ar Oak Dr	
	Vairia	1 FL 335	594
	Jordyr I:-mail address; (1	IMECK Q GMA be used for tuture annual prort notif	II. COM
other information ec	oncerning this matter, please cr	dE	
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ged is a check for th	e following amount		
· 5 00 Filing Fee	□ \$30.00 Filing hee & Certificate of Status	[2] \$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 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

ed Liability Company as it now appears on our record (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on _____ a document number amendment is submitted to amend the following: if amending name, enter the new name of the limited liability company here: "" name must be distinguishable and cont in the words "I iunte I (imbelty Company," the designation "L.L.C." or the abbreviation "L.L.C." : new principal offices address, if applicable: (cipal office address MUST BE A STREET ADDRESS) r new mailing address, if applicable: ling address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

Registered Agent's Signature, if changing Registered Agent:

why accept the appointment as registered agent and agree to act in this capacity. I jurther agree to comply with the stans of all statutes relative to the proper and complete performance of my duties, and I am familiar with and in the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is gilled to merely reflect a change in the registered office address, I hereby confirm that the limited liability any has been notified in writing of this change.

aending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added emoved from our records:

₹ = Manager

 $\epsilon' R = Authorized Member$

	Name	Address	Type of Action
AMBR	Jordan Meck	3019 Bearvak Dr. Vairico, Fc, 33594	Xdd
		Vario, 1-2,33544	□Remove
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iending any other info	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
	4,
. If the date inserted in the	the date of filing:
rd specifies a delayed ef iled.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
April	3 2023 Jorden Mede
	Signature of a member or anthorized representative of a member William Meck

Filing Fee: \$25.00