## 123000113644

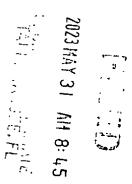
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7/23/2023

## **COVER LETTER**

Division of Corporations			
SUBJECT: A Su	Name of Nighter	BIQUE FIMES  LEADILITY COMPANY	<u>S</u>
The enclosed Articles of Amendment	and fee(s) are submi	tted for filing.	
Please return all correspondence cond	erning this matter to	the following:	
	Jana	Denault Name of Person	
		Firm/Company	
	7864	Founders CI	Rcle
	Naples	FL 341 ( City/State and Zip Code	04
	Jamde	City/State and Zip Code <u>AULE COM (</u> December 1 of State of Code ()	east net
For further information concerning th	is matter, please call:		
Jana Denau Name of Person	L	at ( <u>239</u> ) <u>20(</u> Area Code Days	) – J 9 90 time Telephone Number
Enclosed is a check for the following	amount:		
	O Filing Fee & ificate 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:		<u>Street Address:</u>	
Registration Section		Registration S	
Division of Corporation	iS	Division of C	-
U ( ) U ( ) ( ) ( ) ( )		Lha Cantra at	t Lallahaaaaa

P.O. Box 6327

Registration Section

TO:

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

A Su	veet Physique Fifthess 11805
( <u>Name of the Limited</u>	Liability Company as it now appears on our records.) Florida Limited Liability Company)
12.	The state of the s
The Articles of Organization for this Limited Liab	fility Company were filed on $3/3/3023$ and assigned
Florida document number 72-26	\$3533 L23000113644
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
-	· · · · · ·
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	O(X)
B. If amending the registered agent and/or reg.	istered office address on our records, enter the name of the new registere
agent and/or the new registered office address l	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City Zin 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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jana Denault	7864 Founders CIR Naples FL 34104	Add
		Naples FL 34104	□Remove
			□Change
<del></del>	<del> </del>		□Add
			□Remove
			□Change
			🗆 Add
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			Change
<del></del>			□Add
			□Remove
			□Change

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(If an e <u>Note</u> :	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	1_5/27/2023.
	Signature of a member or authorized representative of a member
	Jana Denault