L23000133393

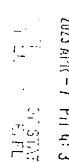
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

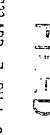
Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp				
SUBJECT: DFF	CIGILY Sto	amped Notary Ser	vices	LL
The enclosed Articles of A	Amendment and fee(s) are subm	uitted for filing.		
Please return all correspor	ndence concerning this matter to	the following:		
	Melessi	Name of Person		
		Firm/Company		
	PO Box	2129 Address		
	\supset	FL 33509 City/State and Zip Code ME 20 E Y ahoo. Com be used for future annual report notification)	2023 APR -7	2 d d
For further information ec	oncerning this matter, please cal			
Melessia Name of	Erant	at (777) 900.9043 Area Code Daytime Telephone Number	FH 4: 30	€
Enclosed is a check for th	e following amount:			
☑ \$25.00 Filing Fce	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &	
Mailing Address Registration S Division of Co P.O. Box 632'	ection orporations	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

The Articles of Organization for this Limited Liability Company were filed on 3.15.2023 and assigned Florida document number <u>L 23000133393</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Melessia Grant	614 Vintage Way	Ndd
		614 Vintage Way Brandon FL 33511	Remove
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			APR
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Filing Fee: \$25.00