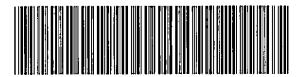
L2300040696

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	· <u>-</u>
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

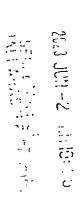
A. RIVER

- 29 20.



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06/02/23--01013--011 ++30.00



TO: Registration So Division of Cor			
CHRIFOT.	Drivinmali	- //	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bada	Name of Person	
		Firm/Company	
	1433 han	Alin are Suite	6F
	Sainte	City/State and Zip Code	<u> </u>
	E-mail address: (to be used for future annual report not	ndication)
For further information c	oncerning this matter, please c	all:	
		at ()	
Name o	f Person	Area Code Daytin	ie Telephone Number
Enclosed is a check for the	he 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 Addres		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632 Tallahassee, 1		The Centre of 7	Fallahassee be Street, Suite 810
			,

Tallahassee, FL 32303

TO:

ARTICLES OF ORGANIZATION OF

(Name of the Limited	M O V O V d Liability Compan A Florida Limited Li	y as it now appears of ability Company)	on our records.)		
The Articles of Organization for this Limited Lial	bility Company v	vere filed on <u>Mav</u>	ch 20, 202	3 and ass	gned
Florida document number <u>L 2300014069</u>	6				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of t	the limited liabil	ity company here	;		
The new name must be distinguishable and contain the wor	1.1C			<u> </u>	
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	y Company," the desi	gnation "LLC" or the	abbreviation "L.I	C."
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)			<u> </u>	
			<u></u>		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>				
				72.	_•
B. If amending the registered agent and/or reg	gistered office ac	ddress on our rec	ords, <u>enter the na</u>	me of the new	registered
agent and/or the new registered office address	here:			77.	
					•
Name of New Registered Agent:					<u>.</u>
New Registered Office Address:	1433 ham	Enter Florido	istreet address		.
	Saint	Clay	, Florida _	34771 Zip Code	
New Registered Agent's Signature, if changing Re	egistered Agent:	·		•	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cl	r and complete p tered agent as pi egistered office o	performance of m rovided for in Cha	y duties, and I an apter 605, F.S. O	n familiar witt r. if this docu	h and ment is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
116R	Bade IL Gouchi	1433 hamlin ave suite	<u> </u>
		SainT cloud FL 34771	☐Remove
			- DChange
116R	Elizabelh El Gouchi	1433 hamlin ave suite F	□Add
	•	Sount chard FL 34771	□Rетюve
			Change
116R	Abdellah El Gouchi	1433 hamlin ave suite F	ØÁdd
		Saint cloud FC 3477/	□Remove
			□Change
			□Add
			□ Remove
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ffactiv	e date, if other than the date	of filing:		(option	al)
an effec <u>fote:</u> If	tive date is listed, the date must be spo the date inserted in this block do it's effective date on the Departn	ecific and cannot be pri ses not meet the appl	or to date of filing or r licable statutory fili	nore than 90 days after fil	ing.) Pursuant to 605,0207 (
record is filed	specifies a delayed effective date.	but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ated _	05/29/	, <u>%</u>	·		
		-1/11			
	Signat	ture of a member or au	thorized representativ	e of a member	