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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT: $\frac{1}{\Omega}$	hin Owt LLC		
source:A	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Mu (Y a y Name of Person)	
	Lashin Owt	L.\C Firm/Company	
	5361 Hawk	S Landing Drap	+ 106
	Fort Mye	City/State and Zip Code	
	Napcorp 930 E-mail address: (i	Octobe used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
La Trange Name o	of Person	at (<u>339</u>) <u>565</u> Area Code Daytime	C1492 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 Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lashin Dut LLC (Name of the Limited Link (AF)	ability Company as it now lorida Limited Liability Cor	y appears on our recor	rds.)		
The Articles of Organization for this Limited Liabili Florida document number $\frac{12300015061}{}$	ity Company were filed			and assig	gned
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liability comp	oany here:			
The new name must be distinguishable and contain the words	"Limited Liability Compan	y," the designation "LL	.C" or the abbrevi	ation "L.L.	.C."
Enter new principal offices address, if applicable:	:	<u>.</u>		[10]	
(Principal office address MUST BE A STREET AI	DDRESS)	· • • • • • • • • • • • • • • • • • • •	소구· 	- 51	~ ~~~
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Enter new mailing address, if applicable:) (4) (1)	P:: 1	•
(Mailing address MAY BE A POST OFFICE BOX	2		12) 2	23	
B. If amending the registered agent and/or regist agent and/or the new registered office address her		our records, <u>ente</u>	r the name of	the new	registered
Name of New Registered Agent:					
New Registered Office Address:	Ei	nter Florida str eet a ddre	288		
		. F	lorida		
_	City		Zi	p Code	
New Registered Agent's Signature, if changing Regist	tered 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Latrange Murray	5361 Howoks Landing Drapt	_ DAdd
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fective date, if other than the date of filing:	ng or more than 90 days after fi	ling.) Pursuant to	605.0207
ote: If the date inserted in this block does not meet the applicable statutor; cument's effective date on the Department of State's records.	y filing requirements, this	late will not be l	isted as I
ecord specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier of: (b)	The 90th day a	fter the
is filed.			
ated April 5th 2023			
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Signature of a member or authorized representation of a member of a member of a member of a signature of sign	ntative of a mambar		