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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Consideration to Filing Officer	-
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COVER LETTER

TO: Registration Se Division of Cor				
subject: <u>FUS</u> T	dious deonic	M Services, Wo	<u>C</u>	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	ndence concerning this matter to	o the following:		
	_ Korrie (Name of Person		
	Fustidious	CHUING SEN	ices, LLC	
	10275 SE L	13rd. 4. Address		
	Bellevieu	City/State and Zip Code		
	: /	City/State and Zip Code C bb D GMail · C be used for future annual report notif	O Contraction)	ear -
For further information c	oncerning this matter, please cal		20	: `
Korrie Ra	A KO S f Person	at 352, 810	-35/3 - 5 O	
Enclosed is a check for the	he following amount:		/	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

TO:

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

The Articles of Organization for this Limited Liability Company were filed on MVV (1) 27, 2023 and assigned Florida document number <u>L23000152868</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: Belleview, Florida 34420

Circ. Zip Code New Registered Office Address:

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 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>	<u>Address</u>	Type of Action
<u>mgr</u>	Korne Raker	10275 SE 431-d. H.	XAdd
		10275 SE 43rd. G. Belleview, Fl. 34420	□Remove
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ffective date, if other an effective date is listed, Note: If the date inserte locument's effective da	the date must be specific and in this block does no	and cannot be prior to date t meet the applicable s	e of filing or more than tatutory filing requi	(optiona 90 days after filin rements, this da	g.) Pursu	ant to 60 ot be lis	5.0207 (ted as t
record specifies a delay			t 12:01 a.m. on the	earlier of: (b)	The 90th	ı day aftı	er the
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Dated April	13	<u>, 2073</u> .				23 V 65	r
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/-	Signature of	a member or authorized	representative of a m	ember		Ari	. •
	Korrie				1.10	.; .;	
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