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COVER LETTER

Division of Cor			•
SUBJECT:	You need	it LLC	
<u></u>	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Jenic	C Bac vanc	
	You n	led it UC Firm/Company	
	409 Hav	acck bridge	Parkway
		City/State and Zip Code baynarday be used for future annual report not	
For further information co	oncerning this matter, please cal	li:	
Jenice Name o	Barnard	at (<u>239</u>) <u>77</u> Area Code Daytin	7 - 5774 ne Telephone Number
Enclosed is a check for th	e 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 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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{April 5^{+h}}{202}$.	23_ and assigned
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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	abbreviation "L.L.C."
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 na agent and/or the new registered office address here: Name of New Registered Agent:	ame of the new registered
New Registered Office Address:	
Enter Florida street address	号 生
Cuy Florida	Zije 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. Thereby confirm that the limited liability company has been notified in writing of this change.

H 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	Jenice Barnard	409 harkock bridge particly JANG		
		Cape Loral PL 33440		
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		enter change(s) here				
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effective date is lis :: If the date ins	serted in this block o	e of filing: pecific and cannot be prior loes not meet the applic ment of State's records	sabie statutory	or more tha filing requ	(optional) n 90 days after filing.) frements, this date	Pursuant to 605 will not be liste
ord specifies a d filed.	delayed effective dat	e, but not an effective t	ime, at 12:01 a	a.m. on the	earlier of: (b) The	: 90th day afte
a <u>May</u>	17th	202	<u>3</u> .			
	Sign	nature of a premiser or auth	norized represen	tative of a n	nember	
		enice F	CCC Ted name of sig	ard		

A Company

Filing Fee: \$25.00