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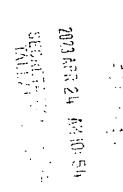
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COVER LETTER

Tallahassee, FL 32314

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SUBJECT: _		LCFI Name of Lin	MAIN TENA	INCE LL	<u>C</u>
The enclosed A	articles of Amer	dment and fee(s) are sub	omitted for filing.		
Please return al	l correspondenc	e concerning this matter	to the following:		
	_	Ful	Name of Person	05 Ü	_
	_	LCFI,	MAIN fc NAN CE Firm/Company	LLC	
	<u>4</u>	52 cinna		LLC SSIMAGE FC	34759
		E-mail address:	City/State and Zip Code	ELOUD. Congreport notification)	- / 選 () () ()
For further info	ormation concer	ning this matter, please o	all:		
Fn	9~ K /c Name of Perso	doso on	at (<u>732</u>) Area Code	604-1202 Daytime Telephone Numb	ber
Enclosed is a cl	heck for the foll	owing amount:			
⋬ \$ 25.00 Fili	ing Fec □	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc.)	Certific losed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Regis Divis	ng Address: stration Sectionsion of Corpo Box 6327		Division	ddress: ation Section n of Corporations ntre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LCFI MAINTONA	~ce Ll c	- -
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on d Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L230001735</u> 06	ny were filed on <i>O</i>	1-07-2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the design	nation "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:		5.
(Mailing address MAY BE A POST OFFICE BOX)		: -
	•	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	***	, Florida
	City	Zip 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, 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 **Type of Action** Address Title **Name** OWNE FRANK PEJroso 452 cinnaron Dr DAdd K.SSIANCE 1-6 34759 _____ □Change MGR FANK REGIOSU 452 consagon Dr GARDE Kissinger FL 34759 DRemove

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