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COVER LETTER

TO: Registration Section Division of Corporati	ons
SUBJECT: OFIC	Sinal Patience Services, LLC Name of Limited Liability Company
The enclosed Articles of Amend	lment and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
	Pitchvence Morinvil Name of Person
	Firm/Company
·	926 No. Divise High way
_	Lake worth FL 33463 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information concern	ing this matter, please call:
Ritchward Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the follo	wing amount:
\$25.00 Filing Fee	30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy tadditional copy is enclosed; Certified Copy tadditional copy is enclosed;
Mailing Address: Registration Section Division of Corpora P.O. Box 6327	$\boldsymbol{\mathcal{U}}$

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

— Original Pathence Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000232485</u> .	were filed on 5/11/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	926 D. Dixie Highway
(Principal office address MUST BE A STREET ADDRESS)	126 D. Dixie Highway Lane worth FL, 33460
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	926 N. Dixie Highway Lake Worth FL, 33460
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	2024
New Registered Office Address:	
	Enter Florida street address
	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.

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t`an effe <u>Note:</u> I	tive date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as thot's effective date on the Department of State's records.
e record rd is tile	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	February 28 2024. Tchylena Doyuu salesiya of a member
	Bitch vena Mortaval Typed or printed name of signee

Filing Fee: \$25.00