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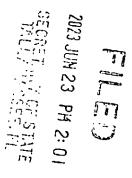
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Y. SCOTT AUG - 5 2023

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	porations		
SUBJECT: SR	Rani la		
SUBJECT: 5.7~	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Ariela_	Wagner Name of Person	
		Firm Company Cypress Creek Address Lerdale, FL 3 City/State and Zip Code Sunraynotice. Code to be used for future annual report notificall:	SECOND TO THE PROPERTY OF THE
	1001 W.	Cypress Creek 1	Rd. Suite 723
	Fort Laud	lerdale, FL 3	23309 SEST PA 11
	ariela (a) 15-mail address: (Sunraynotice. Co to be used for future annual report notifi	ication)
For further information ed	oncerning this matter, please ca	all:	
Ariela		at (<u>57/</u>) <u>84</u> Area Code Daytime	
Name of	Person	Area Code Daytime	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)
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Sec	ction
Division of Co	orporations	Division of Corp	porations
P.O. Box 632	7	The Centre of Ta	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

111

CR PIECELVADIE.	CCC
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L 23000234217</u> .	~
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE.	<u>(SS)</u>
	ECUTION 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	PH 2: 0
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street 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 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
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			Remove
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ective date, if other than (reffective date is fisted, the date	must be specific and ca	anot be prior to c	late of filing or mor	option (option); than 90 days after fil	ing.) Pur	suant to 605.020
te: If the date inserted in this rument's effective date on the			e statutory filing (equirements, this d	ate will	not be listed a
cord specifies a delayed effe	ctive date, but not an	effective time	, at 12:01 a.m. on	the earlier of: (b)	The 901	th day after th
s filed.	1					
ned May 12	//-///	2023				
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//	will !	mbar ar mahari s	ed representative of	'a mamhar		
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