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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CITTING CLOW LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
2000 Smith Name of Person
CITYING CICON IIC Firm/Company
8830 105th ave
VCVO BROWN, FI 329UT 12eb. Smith 727 @ 9mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
2ebecca Smith at (172) 331 9041 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee

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

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JUN 1 2 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability of	Company as it now appears on or	ur records.)
(A Florida Li	Company as it now appears on or mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L330002050</u>	npany were filed on 512	31/23 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designat	ion "LLC" or the abbreviation: "L.L.C."
		123
Enter new principal offices address, if applicable:	·	<u> </u>
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
	<u></u>	
		~
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		చ్
THUMBY WELLS WITH BE AT OUT OF FICE BOND	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet 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>	Name	Address	Type of Action
MGR	<u> Rebecca smitt</u>	1 8830 105th ave	_ [X/Add
		vero beach, fr 3296	7_ □Remove
			Change
			□Add
			□Remove
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date	(optional)
e: If the date inserted in this block does not meet the applicable st	atutory filing requirements, this date will not be listed
iment's effective date on the Department of State's records.	
	1 5 (1) TH 001 1 0 0 1
ord specifies a delayed effective date, but not an effective time, at filed.	12:01 a.m. on the earlier of: (b) The 90th day after t
June 8th	
d 10-8- . 2023.	
Signature of a member or authorized r	Control of a search or
	epresentative of a member

Filing Fee: \$25.00