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· COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	Toste of C.	1 · •			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Ch'	Name of Person			
		Firm/Company			
	<u>UUSI COW</u>	pen road Bz	80		
	Y\lam	City/State and Zip Code	a 33014		
	E-mail address: (to be used for future annual report not	. COM		
For further information c	oncerning this matter, please c	all:			
Chloe Name o	DIQT f Person	at (786) (008 Area Code Daytin	B 6744 ne Telephone Number		
Enclosed is a check for the	he following amount:				
State	☐ \$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 Addres Registration S		Street Address: Registration Se	ection		
Division of C			Registration Section Division of Corporations		
P.O. Box 632		The Centre of Tallahassee			
Tallahassee, l		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

f amending name, enter the new name of the limited liability company here: ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" er new principal offices address, if applicable: ex new mailing address MUST BE A STREET ADDRESS) er new mailing address, if applicable: eiting address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new register and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida atreet address Lip Code	Taste_of		<u> </u>			
amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: lew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." er new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: It illing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new regist and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Lip Code Zip Code	(<u>Name of the Limited Liabili</u> (A Florid:	ity Company s a Limited Liab	s it now appea lity Company)	rs on our rec	ords.) •	
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Registered Agent's Signature, if changing Registered Agent:	New Registered Agent's Signature, if changing Registere	d Agent:				
Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:	Cibies				Zip Code
why append the approintment as registered great and great to act in this appearing I fouther account a committee with						
eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with isions 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 a	gent as pro	vided for in	Chapter 60.	5, F.S. Or, ij	^e this document i
visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and opt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document i	being filed to merely reflect a change in the registere company has been notified in writing of this change		dress, I here	by confirm	that the limi	ted liability

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 <u>Title</u> **Name** Address Type of Action miami lakes FL 33014 Chloe Diac MGR Remove _____ □Change ____ Change _____ □Add _____ □Remove _____ □Add _____ □Change

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f the record ecord is fil	d 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 ed.
Dated _.	8 4 23 Signature of a member of authorized representative of a member
	Chioe Diaz Typed or printed name of signee

Filing Fee: \$25.00