## L23000303629

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJEĆT:	LM Diving R Name of Lin	hited Lability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	2023 A.I
Please return all correspond	ondence concerning this matter	to the following:	
	Man	iano F Sanchi;	2023 A1:5 - 9 A11 10: 4.5
	<del></del>	Firm/Company	
	136550	Herit Pines Bl	ud Apto6217
	was	Address  Foly Beach.  City/State and Zip Code	33418 PC.
	Hariano E-mail address: (	FS vag mail lor to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Mariano Name o	F. Sanchiz f Person	at ( <u>574</u> ) <u>890 9</u> Area Code Daytime	754 Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	\$\frac{\partial}{2}\$\$ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section orporations	Street Address: Registration Sec	porations
P.O. Box 632	1	The Centre of Ta	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF	, ** " **	(5) -9	•
(Name of the Linguist Company as it now appears on our records.)  (A Florida Limited Liability Company)	· ·	AH 10: 45	
The Articles of Organization for this Limited Liability Company were filed on 06/23/2023  Florida document number 473000303629.	3	_ and ass	igned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  Florida //iP clean vP LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the Enter new principal offices address, if applicable:  [Principal offices with any MIST RE A STREET ADDRESS]		_	

Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1365 SUMMIT Pines Blvd Apt. 6217: West Palmbuch. FL 33415
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Florida 33415
City Zip Code Name of New Registered Agent: New Registered Office Address:

## 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 compression the limited liability company has been notified in writing of this change.

If Changing Registered August

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or rémoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fan effective di <u>Vote:</u> If the c	te, if other than the data is listed, the date must be date inserted in this block flective date on the Department	specific and canno does not meet the	t be prior to date of e applicable stat	filing or more than	(optiona 90 days after tili ements, this da	no i Pinsii:	ant to 605.0207 of be listed as
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