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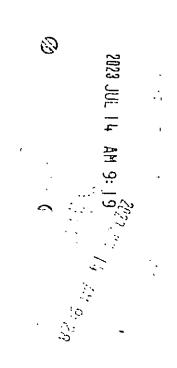
(R	equestor's Name)			
(A	ddress)	·		
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PICK-UP	WAIT	MAIL MAIL		
(В	usiness Entity Name)			
(Document Number)				
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## **COVER LETTER**

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TO: Registration So Division of Cor			;
SUBJECT: 3	Name of Line	M. C. 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:	
	Leonard (	Choncult Name of Person	
		Firm/Company	~~
	1475 NE	3rd Terrace	
		City/State and Zip Code  City/State and Zip Code  Local + D, Yaha  to be used for future annual report noti	.com_ fication)
For further information c	concerning this matter, please c		
Name c	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Se	
Division of C P.O. Box 632	27	Division of Cor The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	hv as it now appears of	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 2200317302.			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here	;	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			· ?
Principal office address MUST BE A STREET ADDRESS)		-	دن. ــــــــــــــــــــــــــــــــــــ
			* 1 * * * * * * * * * * * * * * * * * *
			***
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			
	<del></del>		්ක්
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our reco	rds, enter the name	of the new register
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		Ση Coue
I hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this cap performance of my provided for in Cha	oduties, and I am fai opter 605, F.S. Or, if	niliar with and this document is
If Cha	nging Registered Agent.	. Signature of New Regis	tered 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> <u>Address</u> Type of Action Name MGR Leunard Chenavit 1425 No 3rd Terrace Bade Cape Coran, F133509 □Change Cap. Coral FL 33909 MGR Olive Darla □Add Remove \_\_\_\_\_ 🗆 Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change □Remove

□Change

If amending any other information, enter change(s) here: {	
	<u> </u>
<del></del>	200
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	***
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	<u>ස</u>
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to d Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.020 estatutory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective time, d is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated July 14 . 7073  Leman Chricust  Signature of a member or authorize	
Signature of a member or authorize	ed representative of a member
Canard Changul Typed or printed n	

Filing Fee: \$25.00