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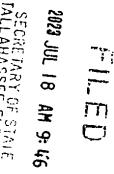
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COVER LETTER

TO: Registration Se Division of Cor							
SUBJECT: HA	Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Name of Person Firm/Company 23 10 NN THE ACC ACC ACC ACC ACC ACC ACC ACC ACC AC						
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	YAIRHS ?	Name of Person	AVE2				
		Firm/Company					
	2370 N		- 607				
	MKM1 F	City/State and Zip Code	-2				
	E-mail address: (to be used for future annual report notif	fication)				
For further information of	oncerning this matter, please ca	all:					
YAH RAIS Name o	ZERQUERA f Person						
Enclosed is a check for the	ne following amount:						
\$25.00 Filing Fee		Certified Copy	Certificate of Status &				

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appea	rs on our records.)	 -		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L230003176</u>	ere filed on _	7.5.2023	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabilit	ty company h	ere:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the	designation "LLC" or the ab	obreviation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		TA C	2 823		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office add	dress on our	AFASSEE, FLORICA records, enter the nam	FILE MAN 9: 46		
Agent and/or the new registered office address here: Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
New Registered Agent's Signature, if changing Registered Agent:	Ciņ·		Zip Code		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pa					

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 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>	<u>Name</u>	Address	Type of Action
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