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SECKETARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

TO:	Registration Sc Division of Cor		91	
<i></i>		JTIONS INDUSTRY, LLC	2	
SUBJE	.СТ:	Name of Lim	nted Liability Company	
The enc	:losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	ondence concerning this matter	to the following:	
		Jennifer C. Pratt		
			Name of Person	
		PraDa f.aw		
			Firm/Company	
		1450 NW 87TH Avenue S	uite 210	
			Address	
		Doral, FL 33172		
			City/State and Zip Code	
		JCPratt@PraDa.Law	to be used for future annual report r	mutication)
For furt	ther information c	oncerning this matter, please ca		
Jennifer C. Pratt/Mary Alvarez		305 203-1059		
	Name o	f Person	at () Area Code Day	time Telephone Number
Enclose	ed is a check for the	he following amount:		
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5		<u>Street Address:</u> Registration	
	Division of C P.O. Box 632	Corporations	Division of C	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company as it nov (A Florida Limited Liability Co	v appears on our records.)	
	(A Florida Limited Liability Co	mpany)	
The Articles of Organization for this Limited L		I on July 10, 2023	and assigned
Horida document number 1.23000323356			
This amendment is submitted to amend the fol	lowing:		
x. If amending name, enter the new name of	of the limited liability comp	oany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		<u>~~</u>
			9EC €
			ARE TAF
Enter new mailing address, if applicable:			——————————————————————————————————————
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
			. ∃
 If amending the registered agent and/or igent and/or the new registered office addro 		n our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:	PraDa Law		
New Registered Office Address:	1450 NW 87TH Avenue S	Suite 210	
	E	ater Florida street address	
	Doral	, Florid	la 33172
	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 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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			□Remove
			□Change
			🗀 Add
			□Remove
			☐Change
			[] Change
			□Add
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n effective date is listed, <u>te:</u> If the date inserte	r than the date of fili the date must be specific a ed in this block does not tte on the Department of	ind cannot be prior to da timicet the applicable			.) Pursuan	
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ecord specifies a dela	yed effective date, but n	of an effective time,	at 12:01 a.m. on the	earlier of: (b) Tl	ie 90th di	ay after th
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		a member or authors	representative of a n			

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Filing Fee: \$25.00