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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: CY	F Company Name of Limi	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Yily Leon	0	
	ŕ	Name of Person	
		Firm/Company	
	14841 SW	/SOTH AVE Address	·
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	Kiami, FL	33/96 City/State and Zip Code	
	Cyandumpo E-mail address: (t	33/96 City/State and Zip Code  GOY //CC9ma//. Co to be used for future ennual report notificati	<u>on)</u>
For further information con	cerning this matter, please ca		
Yily Len Name of F	erson	at (305) 76329 Area Code Daytime Tel	765 ephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$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 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

	any, LLC		
(Name of the Limited Liability) (A Florid	ty Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability (	Company were filed on	7/7/2023	_ and assigned
Florida document number $\angle 230003247$			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	g:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the des	ignation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	(ESS)		;
	<del></del>		•
			-
Enter new mailing address, if applicable:		·	Ç11
Mailing address MAY BE A POST OFFICE BOX	<del></del>	( * )	
		<b>35</b>	<del></del>
		[1]	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our rec	ords, <u>enter the name of</u>	the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
	<u> </u>	, Florida	
	City	2	up 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 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

Title	<u>Name</u>	Address	Type of Action
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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 date of Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	(options filing or more than 90 days after filing tory filing requirements, this days	
e record 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
Dated August 6, 2004.		
Dated August 6, 2024.  Signature of a member or authorized repre	esentative of a member	