LZ3000326717

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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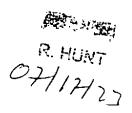
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COVER LETTER

Division of Corp		21 ©		•
SUBJECT: <u>E2</u>	COPHONGL C Name of Lim	leaning and (Iganiza:	tion Serv
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		- 1
	Jake	Name of Person		TO PR
	5081_	Firm/Company Address		PH 7:07
	Nes	Falm Bech City/State and Zip Code	, F1 3340	7
	exceptional Cares: (to be used for future annual report not	amuil.	com
For further information co	oncerning this matter, please co	all:		
Name of	Person	at (<u>H07</u>) <u>334</u> – Area Code Daytim	4950 ne Telephone Number	
Enclosed is a check for the	e following amount:			
▼ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
Mailing Address Registration S	 '	Street Address: Registration Se	ction	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

mited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabili	ity Company	were filed on	July 10,	2023 and assigned	
Florida document number <u>12300032671</u>	<u></u>		,		
This amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the	limited liabi	lity company hei	<u>·e</u> :		
The new name must be distinguishable and contain the words	Card "Limited Liabil	Organizative Company," the de	Signation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	:				
(Principal office address MUST BE A STREET AL	DDRESS)		- I		
Enter new mailing address, if applicable:	0	UIA		50 P	<u></u>
(Mailing address MAY BE A POST OFFICE BOX	9		<u></u>	mos i	<u>, </u>
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:			da street address	name of the new regis	<u>stered</u>
_			, Florid		
		City		Zip Code	
New Registered Agent's Signature, if changing Regis	tered Agent:				
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete ed agent as p stered office	performance of r provided for in C	ny duties, and I hapter 605, F.S.	am familiar with and Or, if this document	
	If Chan	ging Registered Age	nt, Signature of No	w 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

•				
A	MBR	=	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MICA			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Add
		NSSE STATE	□Change;
			□Remove
			DChange
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fective date, if other than the date of filing:	(optional)	
un effective date is listed, the date must be specific and cannot be prior to date of filing or more that: If the date inserted in this block does not meet the applicable statutory filing recommendations.	than 90 days after filing.) quirements, this date v	Pursuant to 605.0 will not be listed
cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time The 90th day after the record is filed.	e, at 12:01 a.m. c	n the earlier
ated <u>July 12</u> , <u>2023</u> .		

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DU D. CASO