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SECRETARY OF STATE
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Tallahassee, FL 32314

COVER-LETTER

TO: Registration Sec Division of Corp			• .	
SUBJECT: Fas	- going	unolesale		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	idence concerning this matter	to the following:		
	man	Name of Person		
	SUC	loiz		
		Firm Company		
	10226 Ba	Address		
	Port rich	City/State and Zip Code	2023 SEP 25	1344
	E-mail address: (to be used for future annual report notif	callon)	: -
For further information co	ncerning this matter, please ea	all:	13/2 MH 10: 03	į
Ryan C Name of	Person	at (<u>727)</u> 267 2 Area Code Daytime	Telephone Number	
Enclosed is a check for the	e following amount:			
S25.00 Filing Fee	 \$4 \$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 tadditional copy is enclosed	
Mailing Address		Street Address:	tion.	
Registration S Division of Co		Registration Sec Division of Corp		
P.O. Box 6323		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit	iv Company as it now appears on our re	cords.)
(A Florida	Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>SO</u>	and assigned
lorida document number <u>L2300033673</u>	<u>3</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company." the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		FR SE TI
<u> Principal office address MUST BE A STREET ADDR</u>	(ESS)	2 2
		77
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	i office address on our records, <u>en</u>	iter the name of the new regis
gent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ddress
	2,110, 1 10, 110, 111, 111, 111	••••
		, Florida

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>	Name	Address	Type of Action
MOR	Ryan chrisman	10226 Barrett loc	∑ KAdd
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fective date, if other than the date of filing:	filing or more than 90 c	_ (optional) lays after filing.) Pursua	nt to 605.02
ote: If the date inserted in this block does not meet the applicable statu	nory filing requirem	ents, this date	will no	t be listed
ocument's effective date on the Department of State's records.				
ecord specifies a delayed effective date, but not an effective time, at 12	:01 a.m. on the earli	erof: (b) Th	c 90th	day after tl
is filed.				
nted				
Signature of a member or authorized rep				

Filing Fee: \$25.00