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SECRETARY OF STATE

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COVER LETTER

Division of Corporations	
SUBJECT: Duestan (Long de v-	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sut	omitted for filing.
Please return all correspondence concerning this matter	to the following:
1 1-4-10	Name of Person
Dog-or	Firm/Company
1 23 Pet	7 Taxica Aporto Dar. Address
	City/State and Zip Code
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please	call:
Name of Person	at (262) (67) - CoCC Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
US \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section Division of Corporations

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

FILED

Despu Wander LIC	2023 SEP 12 PM 4: 10
(Name of the Limited Liability Comp.	200
	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company	ny were filed on 7/25/2023 and assigned
Florida document number <u> </u>	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ability company here:
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Trincipal office dadress (105) 12 .1511(EB1 112 21(EB5))	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office	e address on our records, enter the name of the new regist
agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name Deviation of Office Address	
New Registered Office Address:	Enter Florida street address
	Florida
	, Florida
New Registered Agent's Signature, if changing Registered Agent	nt:
I hereby accept the appointment as registered agent and ag	

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

Title	<u>Name</u>	Address	Type of Action
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ote:	ive date, if other than the date of filing:
recor is ti	ed 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 led.
ated	Signature of a member or authorized representative of a member
	Typed or minted name of sures

Filing Fee: \$25.00