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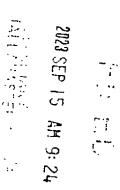
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## **COVER LETTER**

ΓO:

Registration Section

Division of Cor	porations	•	
SUBJECT:	Junt Enter & Name of Lim	ovises LLC nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Evic J	Name of Person	<u></u>
		Firm/Company	
	_3309 Um	Address	
	<u>Edge wat</u>	City/State and Zip Code	
	E-mail address:	City/State and Zip Code  - 386@6M9.1. C  to be used for future annual report notifications.	0 W
for further information co	oncerning this matter, please ca		
Eric Junt	tunen	on, 3860 , 410 ° 073 i	٦
Name of Person		at ( <u>386</u> ) <u>410 ° 03 i</u> Area Code Daytime T	Telephone Number
inclosed is a check for th	e 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 S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	orations Hahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on	49 2023 and assigned
Florida document number 12300 364 825	and assigned
riorida document municer	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	2028
<del></del>	<del>28</del> -
Enter new mailing address, if applicable:	<del></del>
Mailing address MAY BE A POST OFFICE BOX)	
) 16dim. 4b. maistand and mad/mi-td -66dd	<u> </u>
3. If amending the registered agent and/or registered office address on our records, <u>egent and/or the new registered office address here</u> :	enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street of	address
	m
City	Florida Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity.	I further garee to comply with the

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> </u>	<u>Name</u>	Address	Type of Action
MG R	Evic Juntunen	3309 Umbrella Tree Dr.	<b>L</b> Kild
		Edgewater, FL 32141	□Remove
			□ Change
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effective date is listed	er than the date o I, the date must be spec	rific and cannot be pric	or to date of filing or r	nore than 90 days afte	ional) r filing.) Purst	uant to 605.02
	ted in this block doc ate on the Departme			ng requirements, th	s date will n	ot be listed
cord specifies a dela filed.	iyed effective date, l	but not an effective	time, at 12:01 a.m.	on the earlier of: (1	<ol> <li>The 90th</li> </ol>	i day after th
ed Sept.	14	202	3., _	_		