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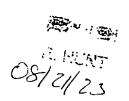
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Stra Ferno	ited Liability Company	LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Crisha	Name of Person		
		Firm/Company		2023 AUG
	<u> 2620 SW</u>	212 St mani /	<u> Apt 301</u>	2023 AUG 21 PH 12: 40
	Miam. F.	City/State and Zip Code		12: 40
	E-mail address: (5 + 1 24 84 & yahao- to be used for future annual report noti	C O M fication)	
For further information c	oncerning this matter, please co	all:		
Cristia Name o	Fernandez fPerson	at (<u>786</u>) <u>339</u> Area Code Daytim	6670 e Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration 9 Division of C	Section Corporations	Street Address: Registration Se Division of Cor	porations	
P.O. Box 632	. /	The Centre of 1	ananassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Cuy	Zip (ode		_	
		. Florida			
New Registered Office Address:	:Enter Florida street address				
Name Davistomed Office Address:					
Name of New Registered Agent:		<u> </u>		_	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ls, <u>enter the name of the new</u>	regist	<u>tered</u>	
				_	
muning analiss NEAT DESIT TOST OF FILE DOLLY			6	-:-	
(Mailing address MAY BE A POST OFFICE BOX)	_		2		
Enter new mailing address, if applicable:			P 2	전 ()	
	- T- T-		_ ~~ _	- 전설 - 영화	
(Principal office address MUST BE A STREET ADDRESS)			AUG	—높죠 마리	
Enter new principal offices address, if applicable:			- 23	40 MOISEAIG 50 MOISEAIG	
The new name must be distinguishable and contain the words "Limited Liab	oility Company." the designat	tion "LLC" or the abbreviation "L.I	L.C."	<u>51</u>	
A. If amending name, enter the new name of the limited lia					
This amendment is submitted to amend the following:					
	017				
Florida document number 123000367		UT COLD WITH MISSI	Silve		
The Articles of Organization for this Limited Liability Compan	v were filed on CSS //	トロークロンス and assi	oned		
(Name of the Limited Liability Comp (A Florida Limited	<u>nany as it now appears on or</u> I Liability Company)	ur record <u>s.</u>)			
Cristing termina	icz 070	LLC			

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 **Type of Action** Address Title Name Cristina M Fernandez 8620 9W 212St Apt 301 DAdd Cutter Bay, FL 33189 THEMOVE ____ □Change Cristina M Fernandez 8620 Sw 2125+ Apt 301 PAdd Cuties Bay FL 33189 | Remove □Remove

- (Daly amender Title Fram	_
7	Only amending Title From AR to MCR	-
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(If an effe Note:	the date, if other than the date of filing:)5.0207 (3) sted as the
ne record ord is file	specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day afted.	er the
Dated_	08/14/2023.	
	Signature of a member or authorized representative of a member	
	Cristing H Fernander Typed or printed name of signee	
	Typed or printed name of signee	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)