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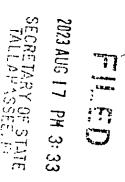
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COVER LETTER

TO: Registration Se Division of Cor		• •	. .
SUBJECT:	Name of Line	ited Liability Company	<u>, </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Boy Joh Drive	Name of Person Sweet USA Firm Company	
	8911 Ven	ISGCOLG Blod Address	
	Pensucolo	City/State and Zip Code	SECRE SECRE
	Dyohnson Q Chimal address:	Or ive Smort De to be used for future annual reportmond	nsacola. Como P
For further information c	oneerning this matter, please ca	all:	SSEE. FL
Roy Solve o	MY SO V	at (<u>678</u>) <u>54</u> Area Code Daytime	-4434 7 33 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 Address Registration S Division of C P.O. Box 632	Section forporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as it now appears on our record	ds,)
(A)	Liability Company as it now appears on our record Florida Limited Liability Company)	_
The Articles of Organization for this Limited Liab Florida document number <u>しん300037</u>		23 and assigned
This amendment is submitted to amend the follow	ing:	- •
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	DUZ AUG
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC	C" or the abbreviation L.L.C"
Enter new principal offices address, if applicab	le:	BY P T
(Principal office address MUST BE A STREET)	ADDRESS)	ET S S
		33
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	DA)	
		1
B. If amending the registered agent and/or regingent and/or the new registered office address because the new registered of the new registered of the new registered of the new registered agent and/or the new registered agent and agent a		the name of the new registered
N 6N D I A		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	gnation "LLC" or the abbreviation L.L. 5
	City	Zip Code

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 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>	<u>Name</u>	Address	Type of Action
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AP	Johnson, Tatiana	8911 Penercola Blud.	Persanda H SSI Stand
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an effecti ote: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	.0207 i ed as i
ocument	t's effective date on the Department of State's records.	
record s	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
l is filed		
	08/10/,2023.	
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	Signature of temember or authorized representative of a member	
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