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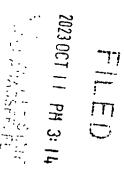
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P.O. Box 6327

Tallahassee, FL 32314

то:	Registration Sec Division of Corp	ő rations	•••	y.
, 6110 11	TT 1	Management Name of Limi	(A)	
SUBJI	ECT:	Name of Limi	ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		TASSICA	TUICH Name of Person	
		JT. Manage	Port Company	**************************************
		_		
		3131 S. Ridge	W DO d AVL Address	
		South Day	tona ll 3211 City/State and Zip Code	9
			-	
		E-mail address: (t	L tei Ch @ y who v W	ification)
For fur	ther information co	ncerning this matter, please ca	ill:	
Jes	rica Teiu	N	ar (384) 871	021eB
	Name of	Person		ne Telephone Number
Enclose	ed is a check for the	following amount:		
\$ \$2	5.00 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 So		<u>Street Address:</u> Registration Se	ection
	Division of Co		Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ANTICUES OF APPENDMENT

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany as it now appears	on our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 23 000 3 86 817</u> . This amendment is submitted to amend the following:			$\overline{\mathcal{V}3}$ and assigned
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	signation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		200 200 200 200 200 200 200 200 200 200	F
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our re	cords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	la street address	
		, Florida	
	City	 	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>gent:</u>		

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

or remo	ved from our records:		
MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	e of Action
MG	Justien Turch	3131 & Ridgeword Ave Sown Duyton 4	
	TO COTIA TO TOU		_ Change
AMBR	JESSICA TEICH	3131 S. Riagewood Are. #212 South Duytona F1. 32119	_ LAdd
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			Change
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Effect	ve date, if other than the date of filing: (optional) cetive 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 605,0207 (
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docum	ent's effective date on the Department of State's records.
	d 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
rd is fi	ed.
Dated	August 30 2023 Signature of a member or authorized representative of a member
	Resida Nección
	-Schnature of a member or authorized representative of a member
	Signature of a memory of authorized representative of a memory
	Telsica Telen Typed or printed name of signee

Filing Fee: \$25.00