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(Document Number)
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V. Williams 11/29/23

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Eleven Eleven S</u>	oap L.L.C		
( <u>Name of the Limited Liabil</u> (A Flond	ity Company as it now appears on a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>2300<b>9</b>418113</u>	Company were filed on 09—	07-2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	nation "LLC" or the abbrevia	ntion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)	<u>_</u>	3
			0003 LOUÁ
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Enter new mailing address, if applicable:			٠
(Mailing address MAY BE A POST OFFICE BOX)		•	
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		-:::	00
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our recor	ds. enter the name of	_
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	no esta esta esta esta esta esta esta esta	
	Enter Florida s	treet address	
<del></del>	Cuv	Florida	p Gode
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## 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>	<u>Address</u>	Type of Action
AMBR	Jessica R Mohorn	5432 NW WISK Fern Ci Port Saint Lucie, FI 349	rclerexia
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_	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note: 1	tive date, if other than the date of filing:
he record ord is file	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 d.
Dated (	<u>october 30 2023.</u>
	Austria A Mohau Signature of a member or authorized representative of a member