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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Gh ty (t. to) Name of Lim	(<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:	
	Luz Jose	any Colon	
		Same of Person	
	Mighely in	to Group LLC	• <u> </u>
	18580 문 (Address	<u>+ 2302</u>
	Octando 7	1. ろことこの City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	-F1 all:	
Luz Joseph Name of	Person	at (407) 452. Area Code Daytime	≥ 1 ≤ √ e Telephone Number
Enclosed is a check for th	e following amount:		
© r\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

NI II CI I-	/ ·	*** 2:50	
(Name of the Limited Liabili (A Florida	ity Company as it now appears on a Limited Liability Company)		
The Articles of Organization for this Limited Liability C	Company were filed on	역 / / 크 / 호텔 스크 and a	ssigned
Florida document number <u>L & 3 Opp 약 건 영향</u> 증	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the desig	nation "LEC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our reco	rds, enter the name of the n	<u>ew registerec</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		, Florida Zip Cod	
	City	Zip Cod	t'

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>	Name	Address	Type of Action
14 G.R	Arathony Vica - Color	s 18540 (Colonial Dr.	□Add
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(If an eff	tive date, if other than the date of filing:
the recor	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 ed.
Dated	December 19 . 2023.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee