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COVER LETTER

TO: Registration Sec Division of Corp				÷		
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SUBJECT: May 1	111	ited Liability Company				
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please return all correspon	dence concerning this matter	to the following:				
	Vira	Name of Person	ve7			
	Place	ful Threads	LLC			
		Firm/Company			202	
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For further information co	ncerning this matter, please c		,			
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Enclosed is a check for the	e 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 Stat Certified Copy (additional copy is end	us &	
Mailing Address		Street Add				
Registration S Division of Co			ion Section of Corporation	ns		
P.O. Box 6327	•	The Cent	re of Tallanas	see		
Tallahassee, F	L 32314	2415 N. I	Monroe Street	., Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2300432238</u> .	were filed on 9182	, 3	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "I	.LC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	582 NE	207 th (St
Trincipal office data ess most be A STREET ADDRESS			25
Enter new mailing address, if applicable:			23 CCT +2
Muding duress MAT DE ATOST OFFICE BOX	is submitted to amend the following: name, enter the new name of the limited liability company here: be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "Lipidal offices address, if applicable: address MUST BE A STREET ADDRESS) ing address, if applicable: SMAY BE A POST OFFICE BOX) the registered agent and/or registered office address on our records, enter the name of thome enew registered office address here: SNAW Registered Agent: SNAW Registered Agent: SNAW Registered Agent: SNAW Registered Address: SNAW Registered Address Addre	P	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name o	of tho new registered
Name of New Registered Agent:	Virgil J. Ro	pridocs	
New Registered Office Address:		dress	
		Florida	33179
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Virgil J. Rodriguez	582 NE 207th St.	MAdd
	0 0	Miami, FL 33179	□Remove
			□Change
MAR	Andrea A. Montes	582 NE 207th St.	□Add
		Miami, FL 33179	□Remove
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Effective date, if other than to an effective date is listed, the date in Sote: If the date inserted in this locument's effective date on the	nust be specific an block does not	nd cannot be p meet the ap	plicable stat		han 90 days aft			
record specifies a delayed effect is filed.	tive date, but no	ot an effectiv	ve time, at 1	2:01 a.m. on ti	he earlier of: ((b) The 90	th day a	fter the
and September		202	3 W	1				
	Signature of a	i member or a	uthorized rep	resentative of a	member			
	11.		d /					