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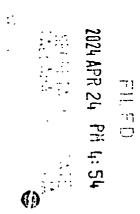
		
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
AWFaye L	LC		
SOBJECT.	Name of Lin	nited Liability Company	
The england Smile of	4 mand 11 m 16 (2)		
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	Meagan A		
		Name of Person	
	ZenBusiness Inc.		
		Firm/Company	
	336 E College Ave # 301		
	·	Address	
	Tallahassee, FL 32301		
		City/State and Zip Code	
	fulfillment@zenbusiness.cc		
m o t to .		to be used for future annual report n	otification)
For further information c	oncerning this matter, please c	all:	
ZenBusiness, c/o Meagar	1 A	844 4936249 at ()	
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for th	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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration S Division of C The Centre of	orporations
Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AWFave LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/10/2023}{10/10/2023}$ and assigned Florida document number 1.23000466756 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3787 Atrium Drive Enter new principal offices address, if applicable: Orlando, FL 32822 (Principal office address MUST BE A STREET ADDRESS) 3787 Atrium Drive Enter new mailing address, if applicable: Orlando, FL 32822 (Mailing address MAY BE A POST OFFICE BOX) 5 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registe agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			☐ Change
		<u> </u>	🗆 Add
			□Remove
			□Change
	-		□Add
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			Change
 -			□ Add
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change

purpose AWFaye, LLC was formed is to own, b	uy, sell, hold, maintain real estate in FL.
ective date, if other than the date of filing:	(optional)
reffective date is listed, the date must be specific and cannite: If the date inserted in this block does not meet t	(optional) of the prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the applicable statutory filing requirements, this date will not be listed
rument's effective date on the Department of State's	s records.
scord specifies a delayed effective date, but not an ef s filed.	fective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed April 10 20	<u>24</u> .
/s/ Alesia Wilbekin	
Signature of a memb	er or authorized representative of a member