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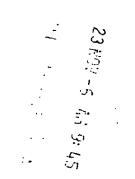
| (Reques | itor's Name) |
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| Special Instructions to Filing | Officer: |
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COVER LETTER

TO:

| TO: Registration Sect Division of Corpo | | | |
|--|---------------------------------|--|-----|
| SURBECT: Fuecd4 | hina is Alianina | LIL | |
| Sobsect | hing is Aligning Name of Lim | nited Liability Company | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are sub | omitted for filing. | |
| Please return all correspond | dence concerning this matter | to the following: | |
| | | | |
| | N | Jayeli Roman | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | _ | | |
| | b195 Mahaf | Key Rd. Apt. 107 Address | |
| | | , National Control of the Control of | |
| | Fort Mye | City/State and Zip Code | |
| | | · | |
| | P-mail address: (1 | to be used for future annual report notification) | |
| | | | |
| rot themes information con | cerning this matter, please ca | att. | |
| Nayeli De | man | at (181) 690-4855 | |
| Name of F | Person | Area Code Daytime Telephone Number | |
| | | | |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing F | ce, |
| | Certificate of Status | Certified Copy Certificate of S (additional copy is enclosed) Certified Copy | |
| | | (additional copy i | |
| | | | |
| | | 0 | |
| Mailing Address: Registration Se | ction | Street Address: Registration Section | |
| Division of Co | | Division of Corporations | |
| P.O. Box 6327 | | The Centre of Tallahassee | |
| Tallahassee, FI | . 32314 | 2415 N. Monroe Street, Suite 810 | |
| | | Tallahassee, FL 32303 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Everything (Name of the Limited | Liability Company as it now Florida Limited Liability Corr | appears on our records. |) |
|--|---|--|-------------------------------|
| (A | Florida Limited Liability Con | тралу) | • |
| The Articles of Organization for this Limited Liab | oility Company were filed | on 1011912023 | and assigned |
| Florida document number <u>L23000480272</u> | | | |
| This amendment is submitted to amend the follow | ring: | | |
| A. If amending name, enter the new name of t | he limited liability comp | any here: | |
| The new name must be distinguishable and contain the wor | J/A | | |
| The new name must be distinguishable and contain the wor | ds "Limited Liability Company | ;;" the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | ole: | N/A | |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| | | | |
| | | N/A | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | | |
| | | | |
| B. If amending the registered agent and/or reg | | our records, <u>enter t</u> | he name of the new registered |
| agent and/or the new registered office address | <u>here</u> : | | |
| | at a self di Company | | |
| Name of New Registered Agent: | Nayeli Roman | | |
| New Registered Office Address: | 19451 S tam | niami +rl nter Florida street address | |
| | Fort Hyeis | ; Flor | rida_33 <u>908</u> |
| | 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.

Hayl Jomai

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 |
|--------------|---------------------|---------------------------|----------------|
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| an effective lote: If th | e date is listed, the date must be specific and c | cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the applicable statutory filing requirements, this date will not be listed as ate's records. |
| record spo I is filed. | ecifies a delayed effective date, but not a | an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ated | November 12, | 2023 . Domic Ember or authorized representative of a member |
| | Mary 8: | Ta is |
| | | |
| | Signature of a nit | ember or authorized representative of a member |