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COVER LETTER

	Registration Se Division of Cor			
SUD IV	PARNUSS	E LLC		
SUBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		AXEL DONZIS		
			Name of Person	
		PARNUSSE LLC		
			Firm/Company	
		3253 FOXCROFT RD G2	10	
			Address	
		MIRAMAR, FL 33025		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furth	ner information c	oncerning this matter, please c	all:	
AXEL E	OONZIS		786 319-3888	
	Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed	I is a check for the	he 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		<u>Street Address:</u> Registration Se	ection
	Division of C	Corporations	Division of Co	
P.O. Box 6327			The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARNUSSE 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 $\frac{10/25/2023}{10/25/2023}$ _____ and assigned Florida document number L23000487836 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida ____

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	MIGUEL PEREZ	3253 FOXCROFT RD210-G	
		MIRAMAR, FL 33025	■Remove
		3253 FOXCROFT RD210-G	□Change
MGR	AXEL DONZIS	MIRAMAR. FL 33025	_
			□Remove
		- · · · · · · · · · · · · · · · · · · ·	_
			□Add
			□Remove
		 	Remove
			□ Remove
			□ Chanve

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ote: If the date inserted in this	ust be specific and cannot be prior to block does not meet the applicab Department of State's records.	date of filing or more than 90 day le statutory filing requirement	(optional) s after filing.) Pursuant to 605.0207 ts, this date will not be listed as
is filed.	ive date, but not an effective time	e, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
II II V 17	2024		
ted TODY 17		_	
ted JULY 17	Signature of a member or authoric		

Filing Fee: \$25.00