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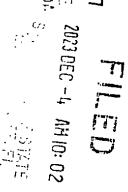


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A. BUTLER DEC - 5 2023



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Ca Pito Name of Lim	ited Liability Company	LLC
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	7901 4th	Salvolice Haya Name of Person AC Cosposate Fil. Firm/Company St. W. Suite 3 Address Durg FL 33702 City/State and Zip Code Figure He 23 Ogna to be used for future annual report not	ngs LLC
	of Person	all:at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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 Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of ' 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL	ED
2023 DEC -4	<u> </u>
male 1	11111117

<u>Capit Pol cite</u>	Company as it now appears on our records.)
(<u>Name of the Limited Liability</u> (A Florida E	nonted Liability Company)
The Articles of Organization for this Limited Liability Co.	mpany were filed on $\frac{11/06/2025}{\text{2025}}$ and assigned
Florida document number <u>L 23000503682</u>	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	
The new name must be distinguishable and contain the words "Limite	ad 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 ADDRE	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Sp 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
		Change	
			□Remove
			□ Change
		□Remove	
		☐ Change	
			\Add
		□Remove	
			
		□Remove	
			☐ Change

. 11 4111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
Note:	tive date, if other than the date of filing:
cord is f	
Dated	Signature of a member or authorized representative of a member
	Ja . / fer
	Jarvosice Hayes Typed or printed name of signee

Filing Fee: \$25.00