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COVER LETTER

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JВЈЕСТ:	Foceve		
	Name of Lim	ited Liability Company	-
ne enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
icase return all correspo	ondence concerning this matter	to the following:	
	<u> Jack</u>	MC/cay Name of Person	
		Firm/Company	
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	Ripster (M)	City/State and Zip Code City/State and Zip Code Code	
For further information c	oncerning this matter, please ca	<u> </u>	
Sacky Name o	Mc Fay	at (321) 307-8188 Area Code Daytime Telephone Nur	nber
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	O Filing Fee, ficate of Status & fied Copy, onal copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	e 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Foce VEV Has 1 (Name of the Limited Liability Compa	LC iny as it now appears on our records.)
(A Florida Limited)	Liability Company)
he Articles of Organization for this Limited Liability Company	were filed on 46v. 14, 2023 and assigned
Torida document number <u>L230005/6080</u>	·
in amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: In the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Inter new mailing address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Inter new mailing address, if applicable: Inter new mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida	
	'he new name must be distinguishable and contain the words "Limited Liabil
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 a	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	·
	, <u>, , , , , , , , , , , , , , , , , , </u>
Name of New Registered Agent:	245: 0
New Registered Office Address:	C ontain
	Enter Florida street adaress
	
New Registered Agent's Signature, if changing Registered Agent:	THE H
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

amending a	Authorized Person(s) authorized to man rom our records:	nage, <u>enter the title,</u>	name, and address of each p	erson being added
GR = Ma MBR = Au	nager thorized Member			
<u>tle</u>	<u>Name</u>	Address		Type of Action
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ocumo	If the date is asted, the date must be specific and cannot be prior to a life the date inserted in this block does not meet the applicable ent's effective date on the Department of State's records.	e statutory ming requirements, to	The Care will not be instead
			(b) The 90th day after th
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ated_	November 28 2023		
	Jack AMChac		
	Signature of a member of authoriz	and representative of a member	