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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: BY	di Mayketiy Name of Limi	C LC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CWIO	e LOIS GEV by Name of Person	er_
	Bird	Marketna Firm/Company	
	14630 SY	rotgen Road	<u>l</u>
	Davie, 7	133315	
	Birdir E-mail address: (1	City/State and Zip Code YCLY C TO C O be used for future annual report notice	QYYQIL. (OYY)
For further information c	oncerning this matter, please ca	all;	
Chlor L Name o	Crevber	at (954) SGO Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25,00 Filing Fee	S30,00 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 Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	May Vety inhility Company as it now a	annear on our records)	2024 277 30 77 8: 04
(A)	iability Company as it now a lorida Limited Liability Comp	pany)	
The Articles of Organization for this Limited Liabil Florida document number <u>L24000</u> 26		on <u>01/11/20</u>	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability compa	<u>ny here</u> :	
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 A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>		
B. If amending the registered agent and/or regis		our records, enter the	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Ente	er Florida street address	
		, Floric	da
	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.

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

Title	<u>Name</u>	Address	Type of Action
esident	chide Lois herber	14630 Snotgen Road	<u> </u>
		Davit FL 33325	Петюче
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			□ Change
			□Remove
			Change
			⊡Add
			□ Петюче
			□Change
			□ Add
			□Remove
			□Change

	other information, enter change(s) here: (Attach additional sheets, if necessary.)
.1 only	y need to add myself, Chiae LOIS er as a authorized person.
Gerbe	or as a authorized person.
Than	r (M)
I Y LOCKY P	<u> </u>
 	
	
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plea	is call me with any problems
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	Birdimarketing Damail com
mee at the se	al al al ta cere
If an effective date is li-	other than the date of filing: (optional) sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
	serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
e record specifies a ord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
ia is inca.	,
Dated Janua	<u>ry 24. 2024.</u>
J	
	Signature of a member or authorized representative of a member
	COLOR GOLMON
	Typed or printed name of signee