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SECRETARY OF STATE
TALLAHASSEF FA

COVER LETTER

Registration Section

Tallahassee, FL 32314

· TO:

Division of Cor	porations			
SUBJECT:	94401	H LLC		
	Name of Lim	ited Liability Company	-	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	BALAZ	ACCAU 2		
		Name of Person		
	94	40117 HC	<u></u>	
		Firm/Company		
	23109 50	SKTHIL	L	2024 HAR 11 PH 2: 59 SECRETARY OF STATE SECRETARY OF STATE
	_030,01_00	Address	1_0	
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	DOCCE ICATE	City/State and Zip Code)24.22	
	9440117-L	LC @ GMAIL	_,com	59
	E-mail address: (to be used for future annual i	report notification)	
For further information c	oncerning this matter, please ca	all:		
RALAZE	1147NA	at (561)	350-336	3
Name o	f Person	Area Code	Daytime Telephone N	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &		0.00 Filing Fee,
1	Certificate of Status	Certified Copy (additional copy is encl		ertificate of Status & ertified Copy
				lditional copy is enclosed)
Mailing Addres	ss:	Street Ad	ldress:	
Registration S	Section	Registra	tion Section	
Division of C P.O. Box 632			n of Corporations ntre of Tallahassee	
1.0.000.002	• •	1110 001	or rangingssee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records I Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on <u>2-8-24</u>	and assigned
This amendment is submitted to amend the following:		2 02
A. If amending name, enter the new name of the limited lia	bility company here:	TOPE TO
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SSE P 37
(Principal office address MUST BE A STREET ADDRESS)	NA	The State of the S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ldress, if applicable:	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	
	Fla	rida
	F10	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		23109 SW 5674 AVE BOCAIRAMON Fr. 334133	□Remove
			□Change
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		SECKET	Remove
		HANSSE SSE	> FTEANN INTER
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