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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: State	Rushborhood Name of Limit	d Home Sayuces, Le	<u> </u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Roxana	M. Solar Name of Person	
		Firm/Company	
	510 20th St.	S.€ Address	
	Maples, FL	City/State and Zip Code City/State and Zip Code Compared to be used for future annual report notification)	
	Yoxana - Sola: E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please or	all:	
Revaria S Name of	Person	at (30S) 21 - 6S Area Code Daytime Telepho	7 1. one Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Section	ns (2) (3)
Division of Corporations		Division of Corporatio	
P.O. Box 632 Tallahassee, F		The Centre of Tallahas 2415 N. Monroe Street	isee on

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 2 16 24 and assigned Florida document number L2406084593.

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 "LLC."

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Cire

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	<u>Address</u>	Type of Action
AMBR	Fraddy Svaraz	510 20th St. SE Maples 72 34117	NAdd
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