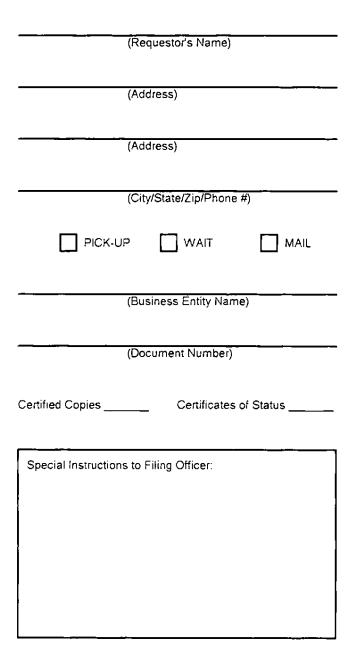
## L24 0000 859,46

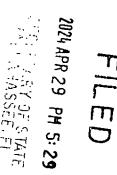


Office Use Only



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## COVER LETTER \_

SUBJECT: //q.ss	Life us Louis / Name of Limite	Really & Coust. 1 ed Liability Company	thing C	LC_
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for tiling.		
Please return all correspond	lence concerning this matter to	the following:		
	Ivoune Klass	Name of Person		
	Voune Klass	Firm/Company	albig	UC
	19317 Sasa1	alle Drive		
	Bom Patou,	FL 33434 City/State and Zip Code		
	Now ( Kiss - r E-mail address: (to	Of . COLIN be used for future annual report	notification)	
For further information con	cerning this matter, please cal	l:		
Wouse 1955 Name of P	erson	at ( <u>.561</u> ) <u>775</u> Area Code Day	7540 time Telepho	ne Number
Enclosed is a check for the	1			
12-\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

**\\$**Registration Section

**Division of Corporations** 

TO:

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 Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2400085346</u> .	wwere filed on <u>F85</u> . 19, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial Wulle Klass // C. The new name must be distinguishable and contain the words "Limited Liab		previation "L.L.C."
Enter new principal offices address, if applicable:	, <u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		203
	- <u>- 29</u> 29	7024 APR 2
Enter new mailing address, if applicable:	<u> </u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	U.C.	S. D
		<del>-:</del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	e of the new registe
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cub	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.

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lf an effe <u>Note:</u>	ve date, if other than the date of filing:
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
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