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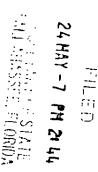
(Re	questor's Name)	
•	,	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Centified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: LC F	TERIOR REMODE Name of Limited Li	LING LL(iability Company	
The enclosed Articles of An	nendment and fee(s) are submitted	d for filing.	
Please return all correspond	ence concerning this matter to the	e following:	
	<u>Jenn</u>	Name of Person	<u>.</u>
		Firm/Company	
	3272 Silver	Date Dr Address	
		y/State and Zip Code GMail (UM) used for future annual report notification)	
For further information con	cerning this matter, please call:	· ·	
Jenny Name of P		at (813_)520 - 659 Area Code — Daytime Telepho	ne Number
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 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 Se	etion	Street Address: Registration Section	 C

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Lim	LIOP KET (1) E	now appears on our records.) Company)	
The Articles of Organization for this Limited I	iability Company were f	iled on 1ebrudky 21,2	024 and assigned
Florida document number <u>L24()0009</u> 14	52		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		- 2
(Principal office address MUST BE A STREET ADDRESS)			3
			7 7
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			27
B. If amending the registered agent and/or agent and/or the new registered office address.		s on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:	Luis (COP	Tez	
New Registered Office Address:	3272 Silver	Enter Florida street address	
	Winnoma		22508
	WHYND INOI	Florid	a
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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			Change
			□ Add
			Remove
			□ Chunga

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te: If the da	te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be fective date on the Department of State's records.	to 605.020 se listed as
cord specifi s filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	y after the
icd		
	Signature of a member or authorized representative of a member	
	Jenny James Typed or brinted name of signee	