L24000103029

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	3476,	LLC	
·	Name of Limi	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:	
	SARA	Name of Person LLC Firm/Company	
		Name of Person	
	3476	1	
	 ,	Firm/Company	
		ELM WAY	
		Address	_
	BOYNTON	BEACH, FL City/State and Zip Code SBAR COUT The used for future annual repo	33426
	FRENCHIE	City/State and Zip Code	LOOK COM
	E-mail address: (to	o be used for future annual repor	t notification)
For further information co	oncerning this matter, please ca	ill:	
Louis P	ATTEN	at (561) 3 Area Code D	73-8 <i>5</i> 88
Name of	Person	Area Code D	aytime Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 ARTICLES OF ORGANIZATION TO SEA (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L24000103029 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 "L.L.C." 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:

Name of New Registered Agent:

New Registered Office Address:

SARA LAUTO

202 ELM WAY

Enter Florida street address

BOYNTON BEACH, Florida 33426

City 7in 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.

anging 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MbR	STEVEN W.WAAS	2860 S.OCEAN BLVD.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		UNIT 105	⊠Remove
		PALM BEACH FL 3348	P □Change
MGR SARALAUTO	SARA LAUTO	202 ELM WAY	59-Add
		BOYNTON BEACH FL	□Remove
		33426	□ Change
			□ Add
			□Remove
			□Change
		🗆 Add	
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effi	ve date, if other than the date of filing: Solution Solution
the record cord is fil	d 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.
Dated .	8/8/24
	to be been
	Signature of a member or authorized representative of a member
	STEVEN W. WAAS

Filing Fee: \$25.00