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(Document Number)
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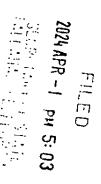
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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: ABUNDAL	VOE ADZ LLC
	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
	Anery Suran
-	Firm/Company
29064	Georgia Rd
Home	28 tead FL 33033 City/State and Zip Code
dv (an az E-mail add	ress: (to be used for future annual report notification)
For further information concerning this matter, ple	rase call:
Anecy Duran Name of Person	at (796 - 568 - 0767). Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25,00 Filing Fee S30.00 Filing Fee & Certificate of Stat	
Mailing Address: Registration Section	Street Address: Registration Section

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

	FILED
ABUDANCE (Name of the Limited Liability Comp	ADC CC2024 APR-1 BY 51.00
(A Florida Limited	Liability Company)
	02/11/02/02/1
The Articles of Organization for this Limited Liability Compan	-
Florida document number <u>L240001226</u> 6	O
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
AZINIDANCO AI	1/0
The new name must be distinguishable and contain the words "Limited Liab	ulity Company "the designation "LLC" or the abbreviation "LLC"
The new hance mass be distinguishable and contain the words. Entitled Blac	may company, the designation 2000 of the above viation 15.15.c.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	29064 Georgia Rd
	Homestad FL 33033
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	29064 Georgia Rd
Maning undress MAT BE A FOST OFFICE BOA)	W E(22722
	$\underline{\hspace{1cm}}$
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:	
	4 8
Name of New Registered Agent:	Hnecy Duran
New Registered Office Address: 290	64 Georgia Rd
	Enter Florida street address
Ilmo	Polead Florida 33033
<u>_ </u>	City 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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Anecy Duran	29064 Georgia Rd Homestead FL 3303=	XAdd
		Homestead FL 33037	} ☐Remove
			□Change
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Chanve

amending	g any other informa	ation, enter chai	nge(s) here: (A	ttach additional	shects, if necessa	uy.)
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ote: If the	te, if other than the late is listed, the date mu date inserted in this b iffective date on the E	lock does not mee	t the applicable:	e of filing or more th statutory filing req	(optiona an 90 days after filir uirements, this da	l) gg.) Pursuant to 605.0207 te will not be listed as
record spec is filed.	ifies a delayed effectiv	ve date, but not an	effective time, a	it 12:01 a.m. on th	e earlier of: (b)	The 90th day after the
ated	03/2		•			
_			_	representative of a i		
		A		ne of signee		