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Division of Corporations

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From:

Account Name : INCFILE.COM LLC Account Number : I20220000070

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T. LEMIEUX OCT 23 2024

COVER LETTER

Division of Cor				
IUMP CUI	² LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
r rease return air correspo	machee concerning and mater	to the following.		
	LOVETTE DOBSON			
		Name of Person		
		Firm/Company		
	17350 STATE HWY 249	·		
		Address		
	HOUSTON, TX 77064			
	CENTEL MANAGEMENT	City/State and Zip Code		
	EFILE 1234@INCFILE.CC	to be used for future annual report no	tification)	
For further information c	concerning this matter, please c			
LOVETTE DÓBSON		nt ()	88-462-3453	
Name e	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for ti	he 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 Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632		The Centre of		
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CUP LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our d Liability Company)	records,)	
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{1.24000134442}{1.24000134442}$.	y were filed on	and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation	n "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)		2024 OCT 23 PH SECRITARY OF	<u> </u>
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 of the hew r	registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	address	
		Florida	
	Cuy	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>	<u>Name</u>	Address	Type of Action
AMBR	FOXDEN ENTERPRISES, LLC	40 RAHLING CIR	
		LITTLE ROCK, AR 72223	
			☐ Change
			CIAdd
			□Remove
			□Change
			□Add
			□Remove
			「IChange
			□Add
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<u>lote:</u> If the date ins	ther than the date sted, the date must be sp serted in this block d e date on the Departi	oes not meet the	e applicable st	of filing or more that atutory filing rec	(optionan 90 days after (puirements, this	nal) iiing.) Pursuant to 6 date will not be li	05.0207 (sted as t
record specifies a d l is filed.	lelayed effective date	e, but not an effe	ective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th day af	ter the
October 21		202-					
• ,	Signi	<u></u> ,	Mark	h 10	_		
			UITA	- (V MAP)	i e		

Filing Fee: \$25.00

Typed or printed name of signee