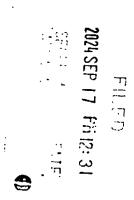
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English Anna Carnella Con



COVER LETTER

TO: Registration Section Division of Corporation (Corporation)			
SUBJECT:	hanne Drist	ecal acast	
SUBJECT:	Name of Limit	ered agent ed Liability Company	
	nendment and fee(s) are submence concerning this matter to		
	Thomas	E. Subs	
		Crafts 11C	
	2815 Silver	Sper 100P Address	
		S florida City/State and Zip Code	
	E-mail address: (to	be used for future annual report notifi	cation)
For further information cond	cerning this matter, please cal		
Thomas E.	Sa to o	at (<u>863</u>) 307 - 2	715 Telephone Number
Enclosed is a check for the t	_		
□ \$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 Sec		Street Address: Registration Sec	
Division of Cor P.O. Box 6327	porations	Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	Crafts	it now appears on ou	r records.)	
(Ivanie of the Limits	d Liability Company as A Florida Limited Liabili	ty Company)	111401434)	
The Articles of Organization for this Limited Lia	ability Company were	filed on April	12,2024	and assigned
Florida document number <u>L 2400 017 48</u>	01			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability	company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability Co	ompany," the designati	on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREE)	<u> [ADDRESS)</u>		: 	
	_		يَّ الْحَدَّ بريانية	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			• •	7 F
Enter new mailing address, if applicable:	_		<u> </u>	
(Mailing address MAY BE A POST OFFICE E	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
				· · · · · · ·
				7 =
B. If amending the registered agent and/or re agent and/or the new registered office addres		ess on our records	, enter the name	of the new registered
		_ 1		
Name of New Registered Agent:	Tho mas			
New Registered Office Address:	2815 Si	US SQUE Enter Florida stree	L00P et address	
	Lake Wales		, Florida?	3898
		Ciņ [,]		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

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ffectiv an effec <u>lote:</u> 1	f the date inserted	d in this block o	pecific and cannot be price loes not meet the application of State's record.	cable statutor	g or more than 90 days after y filing requirements, the	ional) er filing.) Pursuant to 605.0207 (3 sis date will not be listed as th
				time at 12:01	a m. on the earlier of: (b) The 90th day after the
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Typed or printed name of signee