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COVER LETTER

TO: Registration Secti Division of Corpo			8	
SUBJECT: ':	Carzen W	elo Sterch, LL		
	Name of Lim	ited Liability Company		
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Chia	Name of Person		
		Name of Person		
	Laiz	en Web Sca Firm/Company	urch, LLC	
		Firm/Company		
	110 10	uneda († 1	Unit 231	
		Address	····	
	Tumpa	FL 331:09 City/State and Zip Code	. H	
-	(NICLYO	1 ZONNI CYCU 100 to be used for future annual report notif	· (ou) FA F	
			ication)	:
For further information conc	erning this matter, please ca	di;		•
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Name of Pe		at (313) Daytime	TOWN TELEPHONE Number 12 12 12 12 12 12 12 12 12 12 12 12 12	
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Enclosed is a check for the fi	ollowing amount:			
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mallina Adduses		Sa		
<u>Mailing Address:</u> Registration Sec	tion	<u>Street Address:</u> Registration Sec	tion	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
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 Limited Liability (A Florida Li	Company as it now appears oh our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number 1-74606183515	npany were filed on 4/22/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d 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 ADDRES) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered o	Tampa, Fl. 33609 Fine 23/ Tampa, Fl. 33F098 ffice 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:	ame algent name
New Registered Office Address:	Alameda († Unit 23/ Enter Florida street address
	CLVVIOG Florida 33609 VCin: Zip Code

New Registered Agent's Signature, if changing Registered Agent:

1/

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 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 Address **Type of Action** Title Name Chiara Zonni Tampa, FL 33609 □Remove □ Change Chiara Zonni 10 TIO AICIMEDACH INITED TONE TP4, FL 33609 □Remove □ Change \square Add □Remove _____ □Change \square Add □ Remove

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