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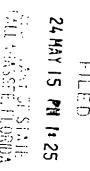
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	Registration Se Division of Cor			
eu n it e	224 SINGE			
SUBJEC	::	Name of Lim	ited Liability Company	
The encio	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	endence concerning this matter	to the following:	
		YOANDY LAZO		
			Name of Person	
		224 SINGER ST LLC		
			Firm/Company	
		4607 LEE BLVD		
			Address	
		LEHIGH ACRES, FL 339	71	
			City/State and Zip Code	
		ANDYLG83@GMAIL.CO		
		E-mail address: (to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please of	all:	
Yoandy i	Lazo		561 568-3058	
	Name o	f Person		ne Telephone Number
Enclosed	is a check for th	ne following amount:		
≘ \$25.6	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	action
Registration Section Division of Corporations		Registration So Division of Co		
	P.O. Box 632	=	The Centre of	-
	Tallahassee, I	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

224 SINGER STILL

(Name of the Lim	ted Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited I Florida document number L24000190169		and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	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 appli	cable:	24
(Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
	<u></u>	- 5 =
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		enter the name of the new register
Name of New Registered Agent:	YOANDY LAZO	
New Registered Office Address:		
-	Enter Florida street	uddress
		_, Florida
	City	_, Florida 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 Repsylved 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>N'ame</u>	Address	Type of Action
MGR	YOANDY LAZO	4607 LEE BLVD LEHIGH ACRES, FL 33971	□Add
			□Remove
			Change
			□ Remove
			□Change
<u></u>			□Add
			□Remove
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ective date, if other than the of effective date is listed, the date must te: If the date inserted in this blo	ck does not m	neet the applica	o date of filing or i ble statutory fili	nore than 90 da	(optional) ys after filing. nts, this date) Pursuant to 60: will not be list	5.020 ted a
nument's effective date on the De	partment of S	tate's records.		- ,			
cord specifies a delayed effective s filed.	date, but not	an effective tin	ne, at 12:01 a,m.	on the earlier	rof:(b) Th	e 90th day afte	er the
ed	·	2024	_ ·				
		Malu					
	signature of a n	131944	ized representativ	8			