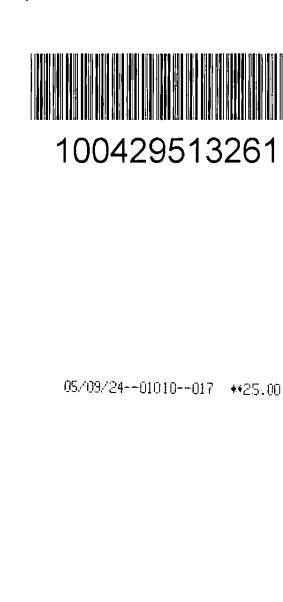
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP TIAW MAIL. (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status ____ Special Instructions to Filing Officer:

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COVER LETTER

TO: Registration Sc Division of Cor			
SUBJECT:	igoro Ivans	DOFF LLC lited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Raymond	1 Figaro Nome of Person	
		Firm/Company	
	701 Lyons	Pd	 _
		Address	
	Calonu	Ercexfl 3201	03
	<u>Paymond</u>	City/State and Zip Code COMO 9936 USAN to be used for future annual report noti	tication
for further information ec	oncerning this matter, please ca	all:	
Raymond	Figoro	ar (<u>954)</u> 825	3231
○ Name of	Person	Area Code Daytim	c Telephone Number
inclosed is a check for th	e following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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
MGR	Raymond Figaro	701 Lyons Rd APT13105 Coopercheek PC 33043	Add
			□Remove
			□Change
AMBR	Nehemie Figaro	701 Lyons Rd Apt 13105 Carboat Creek PL 33063	_Z∕Add
			🗀 Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
·			□Add
			□Remove
			□Change
			□Add
			□Remove
			∏(Change

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Figure of the Limites	DH LLC! d Liability Company as it now appears on our records. A Florida Limited Liability Company)	.,
The Articles of Organization for this Limited Lia	ibility Company were filed on <u>4/28/24</u> 1009	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the work Enter new principal offices address, if applical Principal office address MUST BE A STREET		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B	(OX)	7021 HAY -9 PH
3. If amending the registered agent and/or regigent and/or the new registered office address		- Fig. 6
Name of New Registered Agent:	Raymond Figaro	
New Registered Office Address:	Enter Florida street address	
	Flor	ida Zw 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.

	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(If an ef <u>Note:</u>	tive date, if other than the date of filing: [coptional] [coptional]
ne reco ord is t	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	April 23 2024
	And to
	Signature of a member or authorized representative of a member
	Raymond Figh Ro Typed or printed name of signee