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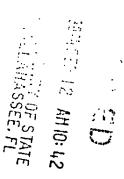
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COVER LETTER

Tallahassee, FL 32314

3.5						
SUBJECT:	SEILE	ER LLC				
	Division of Corporations					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Na	omi Seiler Name of Person				
			S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
		Firm/Company				
	500 th	ree island blvd, Ax	216			
	<u>Hallandal</u>	e , F10Y1 da , 33009 City/State and Zip Code	· 			
	Maomisei E-mail address: (to be used for future annual report notifi	fication)			
For further information of	concerning this matter, please ca	all:				
Naomis	eiter	at (954) 26166	240			
Name o	of Person	Area Code Daytime	e Telephone Number			
Enclosed is a check for the	he following amount:					
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy			
<u>Mailing Addres</u> Registration		Street Address:	ction			
Division of C		Registration Section Division of Corporations				
P.O. Box 632	-	The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

il 30 2024 and assigned
nation "LLC" or the abbreviation "L.L.C."
5.0
\$2. \$2. \$2. \$4.
<u> </u>
ASSO ASSO
SO A
10:42 5.FL
rds, enter the name of the new registe
street address
, Florida Zip Code

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
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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior	to date of fill	ng or more tha	(opti n 90 days after	onal) r filing.) !	Pursuant	to 605.02
e: If the date inserted in this block does not meet the applic	able statuto					
ament's effective date on the Department of State's records	•					
ord specifies a delayed effective date, but not an effective ti filed.	me, at 12:0	l a.m. on the	earlier of: (b) The	90th da	ıy after t
d September 5th 2024						
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od September 5 th . 2024)				

Filing Fee: \$25.00