## L24000236144

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corpor			
TOEN	WILLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of Am	nendment and fee(s) are subt	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Daijah	Somersall Name of Person	
	Trendi		
	<u> </u>	Firm/Company	<u> </u>
	131 W Was	Shinatun Sit	
	131 W Was	Address	<del></del>
	F1244 Mi	neula FL 34 City/State and Zip Code	755
-	Dayah, Some E-mail address: (1	1-6a/17@9ma:1.0	Cation)
For further information conc			
Daijah Son Name of Pe	nersall erson	at ( <u>407</u> ) <u>967 -</u> Area Code Daytime	3025 Telephone Number
Enclosed is a check for the f	following amount:		
∑\$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 radditional copy is enclosed)
<u>Mailing Address:</u> Registration Sec Division of Cor		Street Address: Registration Sect Division of Corp	

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

re filed on $\frac{4 - 12 - 2024}{}$ and assigned
re filed on $4 - 11 - 2024$ and assigned
company here:
Company," the designation "LLC" or the abbreviation "L.L.C."
131 W Washington St
Hayy Minneula FC 34755
131 W Washington St # 244 minnessa FL
7 344 minneula 76 34755
ress on our records, enter the name of the new registe
Enter Florida street address
, Florida Zip Code
City Zıp 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>	<u>Address</u>	Type of Action
MGR	Daijah Somersall	131 w washington	<u>∫                                    </u>
		Flayy minneal a Fa	□Remove
		34755	[DChange
		<u> </u>	□Remove
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Effective date, if	f other than the date of state, the date must be specif	filing:	late of filing or more than	(optional)	umat to 605 (1707 (3)(b)
Note: If the date i	inserted in this block does	not meet the applicable	e statutory filing requi	rements, this date will r	not be listed as the
document's effect	ive date on the Departmen	it of State's records.			
, ,,~	N 1	197			
ie record specifies i ord is filed.	a delayed effective date, bu	at not an effective time.	, at 12.01 a.m. on the t	rather of. (b) The 900	i day after the
Dated		,	•		,
Dated					?