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(Req	uestor's Name)	
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COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	DILLO & Name of Lim	1 Stic S ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Devante hynn Name of Person No logistics Firm/Company	
		926 west tharpe	Street Suite 1
		FL 32303 City/State and Zip Code 291 Shirs Turking 89 to be used for future annual report not	
For further information of	E-mail address: (concerning this matter, please c	•	fication) -
Devan- Name o	te hynn of Person	at (<u>LSO</u>) <u>3 BO</u> Area Code Daytim	o - 72 & 9 e Telephone Number
Enclosed is a check for t	he following amount:	/	
☐ \$25.00 Filing Fee	☐ \$30.00 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 Addre	<u>ss:</u>	<u>Street Address:</u>	

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 Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L240023707</u> \$	were filed on 5-22-24 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	7
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	926 west thank Street
(Principal office address MUST BE A STREET ADDRESS)	Saite 1
Enter new mailing address, if applicable:	926 west tharpe Street
(Mailing address MAY BE A POST OFFICE BOX)	Suite 1
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 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
MGR	De. Vante hynn	926 west thank Street	
		Tallahassoe FL 32303	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			Change

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(If an ef Note:	ive date, if other than the date of filing:
e reco ord is f	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	7-9-24
	7-9-24 Signature of a member or authorized representative of a member
	organization of a member of authorized representative of a member

Filing Fee: \$25.00