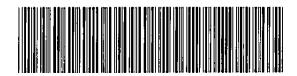
## LEHOOLEUTE CO

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

	Registration Se Division of Cor							
CHD ILC		MAY ELITE SOLUTION LLC						
SUBJEC'	ı; <u> </u>	Name of Lim						
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please rett	urn all correspo	indence concerning this matter	to the following:					
		NINA BIRNBACH						
			Name of Person					
		NINA BIRNBACII, CPA,	. PA					
			Firm/Company					
		10651 NE 11 COURT						
			Address	~**				
		MIAMI SHORES, FL 331	38					
			City/State and Zip Code					
		nina@bellsouth.net		: '': '' '' '' '' '' '' '' '' '' '' '' '				
		E-mail address: (	to be used for future annual report not	ification) TESTATE				
For furthe	r information c	oncerning this matter, please c	all:	F. 8: 1				
NINA BI	RNBACH		305 899-8700 at ( )	7E 2				
	Name o	f Person		ne Telephone Number				
Enclosed:	is a check for th	ne following amount:						
≣ \$25.0	0 Filing Fee	(2) \$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 (additional copy is enclosed)				
	lailing Addres		Street Address:	action				
Registration Section Division of Corporations			_	Registration Section Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314			The Centre of					
			2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SARMON MOTORS LLC	
( <u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Company)	y appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number 124000264766	1 on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
SARMON LLC	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	ţ;
<del></del>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	m; = ₹
	For Co.
	LIE 12
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	n our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
	nter 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 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
			□Add
			□Remove
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ffective date, if other than an effective date is listed, the date of the date if the date inserted in this	must be specific and o	cannot be prior to	date of filing or	more than 90 day	(optional) s after filing, s this date	) Pursua	nt to 605.07
ocument's effective date on th	e Department of St	ate's records.	ne statutory m	ing requirement	s. mis date	WIITIO	i de listed
record specifies a delayed effer is filed.	ctive date, but not a	n effective tim	ne, at 12:01 a.m	on the earlier	of: (b) Th	e 90th o	day after t
07/10		2024					
ated							

Filing Fee: \$25.00