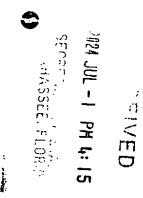
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## **COVER LETTER**

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TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(Name of the Limited Liability Com (A Florida Limite	pany as it now appeared Liability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 24000274<b>0</b>70</u>	ny were filed on	W-17-2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company he	ere:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the d	esignation "LLC" or the abbri	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SECOND TO THE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our ro	ecords, <u>enter the name (</u>	
Name of New Registered Agent:		<del></del>	<u></u>
New Registered Office Address:	Enter Flor	ida street address	
	City	, Florida	Zip Code
	Cm		ыр сөве

## 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>	Name A	Address	Type of Action
Mae	Kevin Guzman	385 Mary wonther lane	_ EAdd
		Suita 101	□Remove
		385 Mary wonther lane Suite, 01 Wisley Chapel Fl. 33544	□Change
			□Add
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. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
ne recor ord is fi	d 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	7-1-2024
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00