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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SCT_TOVESTOWNS UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Song Crespo Name of Person
SCJ Tovestronts LC.
9968 Hartford Maroon Rd.
Orlando Fl. 32527 City/State and Zip Code
City/State and Zip Code USacolinestryents & City (CM) E-mail address: (to be used for future annual report notuneation)
For further information concerning this matter, please call:
Sonia (1850) at (321) 216-1727 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Bound Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$55.00 Filing Fee & Bound Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$

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 Liability Compa (A Florida Limited I	ny as il now appears on our records.) Clability Company)	
The Articles of Organization for this Limited Liability Company Florida document number \(\lambda \frac{24000283}{62}\)		3.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liable and contain the words "Limited Liabile Enter new principal offices address, if applicable:	ents usallo.	<u>u</u> ⊌9 _
(Principal office address MUST BE A STREET ADDRESS)	CTRY (30 +) 32021	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9968 Hartford Marco	_ _ ;;;)
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 reg	istered
Name of New Registered Agent:	· :	
New Registered Office Address:	Enter Florida street address	_
	, Florida City Zip Çişde	
New Registered Agent's Signature, if changing Registered Agent:	ပိ	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>			□Add
\			□Remove
			□Change
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		****	🖸 Add
			□Remove

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(It'an i <u>Note</u>	ctive date, if other than the date of filing:
f the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see 90th day after the record is filed.
Date	"Hugust # 2024
	= 20000011000111
	The state of
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00