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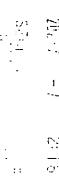
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TO:

Tallahassee, FL 32314

	Registration Se Division of Cor						
SUBJECT	r:M	1554	REY 76	LLC nited Liability Compa			
		7	Name of Lin	nited Liability Compar	ny		
The enclos	sed Articles of	Amendmen	t and fee(s) are sub	omitted for filing.			
Please retu	urn all correspo	ndence con	cerning this matter	to the following:			
			Mul	ISSA R	eynold	\$	_
				Name of Person	on		
			M	SY REY Firm/Compar	74 LLC		-
			645 3	32nd Ave Address	Sw		
			<u>V(NO 154</u>	Cach, FL City/State and Zip	Code	Le S	<u>.</u>
			E-mail address:	SA C VIV	horre Sannual report not	ilication)	- · · · · · · · · · · · · · · · · · · ·
For furthe	r information c	oncerning t	his matter, please o	:all:			,
М	Ulissa	REY	nous	at (<u>777</u> Area Cod	, 32	1.3823	
	Name o	f Person		Area Cod	e Daytin	ne Telephone Numbe	г
Enclosed i	is a check for th	ne following	g amount:				
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_	Hailing Addres				reet Address:	nation	
Π	Registration S Division of C	Corporatio	ns		egistration Selvision of Co		
F	P.O. Box 632	!7		Th	ne Centre of $\hat{\ }$	Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ompany as it now appears on mited Liability Company)	our records.)
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l liability company here:	
Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
5.5)	
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ffice address on our recor	ds, enter the name of the new registered
Enter Florida s	treet address
	, Florida
City	Zip Code
	Industry Company as it now appears on mitted Liability Company) It pany were filed on

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	Melissa Reynolds	645 32 nd Ave Sw.	
		Vero Bench, FL 32968	□Remove
]Change
MAR	Shahe Reynolds	445 32nd Ava SIU	□Add
		VREO Bench, 1/2 379108	Kemove
			□Change
AMBR	Thank Rupulles	LO45 32 nd MVe Sic	XI Add
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or meet. If the date inserted in this block does not meet the applicable statutory filingment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. (filed.	on the earlier of: (b) The 90th day after t
d diely 22 , 2024. Signature of a member or authorized representative	
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