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COVER LETTER

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
SUBJECT: _SO	Name of Lim	ending UC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	That	Nature of Person	3
		Firm/Company	
		HILOL TEHTOPE Address	<u>S</u>
	5t. PC	City/State and Zip Code	3712
	TOCCONSTO	NEXPOSITE & SM. to be used for future annual report noti	ail.com
For further information co	ncerning this matter, please ca	afl:	
CONOTE Name of	H- EVONS Person	at (<u>7</u> 87) <u>341(0) S</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 Filing Fee	☐ \$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)
Mailing Address Registration S Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GOIUTIONS VENDI	2024 SEP 12 PM 2: 57
(Name of the Limited Liability Compa (A Florida Limited I	
The Anni December 6 and in Line Link line Common on	,, ευκιιια
The Articles of Organization for this Limited Liability Company	were filed on $0.07 22 20 24$ and assigned
Florida document number . L 2 4000 322 290 .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Constant 5xpc	SOME LLC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2799 HILD TETTORES
(Principal office address MUST BE A STREET ADDRESS)	<u>a.polorsourg</u> , Fl 337/2
	0700 WILD TEMPORE S
Enter new mailing address, if applicable:	CI COLONIA COLONIA
(Mailing address MAY BE A POST OFFICE BOX)	01-1-C703 UY-F1 33-112
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
	000 000 49
Name of New Registered Agent:	ally kolorts
New Registered Office Address:	Mikol terrore 3
	Enter Florida street address
_ <u>51.pe</u>	City Florida 33712 Zip Code
	in the same

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
<u>HGR</u>	Jayonte Evans	391 117th Ave N	🗆 Add
		St. PEROOD IT 337	Remove
			□Change
HGR	malbang RobertS	2799 Hillol Terroces	Add
		St. Petersburg, Fl 33712	
		 	□Change
			□Add
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fective date, if other than the date of filing:	(optior	Σ ₁ τ;	7	
on effective date is listed, the date must be specific and cannot be prior to date of filing or more that the date inserted in this block does not meet the applicable statutory filing requestions of the date on the Department of State's records.	han 90 days after fi	ling.) Purs	suant to 6 not be 1	505.0207 isted as t
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on this filed.	ne earlier of: (b)	The 90t	h day a	fter the
ated 09 Sepetamber, 2004.				
Signature of a member or authorized representative of a				

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