## L24 000331731

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FECRETARY OF STATE

## **COVER LETTER**

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TO:

TO: Registration S Division of Co	ection rporations		
SUBJECT:	Co Lob Name of Lin	SETUCES Limited Liability Company	LC
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	DiNega	Name of Person	
	D' Co La	Firm/Company	LC
	1084 can	Address	<del></del>
	Alviera Ro	City/State and Zip Code	<del>/</del>
		to be used for future annual report noti	ification)
For further information c	oncerning this matter, please c	all:	
DINCO C Name o	SOSI-C Person		35 23 te Telephone Number
Enclosed is a check for the			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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	St.	Street Address:	
Division of Co	omorations	Registration Sec	ction
P.O. Box 632	7	Division of Cor The Centre of T	porations
Tallahassee, F			allahassee Street Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Name of the Lin	nited Liability Co	mpany as ited Liabilit	t now appears y Company)	on our records	<u>r.</u> )	<del></del>	
The Articles of Organization for this Limited Florida document number <u>L240033</u>	Liability Comp	any were	filed on <u>7</u> /	126/20	24	and assi	gned
This amendment is submitted to amend the fo	llowing:						
A. If amending name, enter the new name		liability c	ompany here	<u>:</u> :			
The new name must be distinguishable and contain the	words "Limited L	iability Cor	npany," the desi	gnation "H C"	or the abbenin	ation "I I	<u> </u>
Enter new principal offices address, if appli		·		B	Z'r	200 SEC	.C.
(Principal office address MUST BE A STRE		 				AU	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>				HASSEE, FL	622 AM II:	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered offi ess here:	ce addres	s on our reco	ords, <u>enter t</u> l	he name of t	the new i	registered
Name of New Registered Agent:	Dive	CIO_	Jos	OIC			
New Registered Office Address:	1084	Cen	Enter Florida	street address	<u>.J</u>		
	Riviero	- Port Cit	ach	, Flor		YOY Code	<del></del>
New Registered Agent's Signature, if changing	Degistered A	- 4 -					

3 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
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			□Remove
			□Change
			□ Add
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ffective date, if other than the date an effective date is listed, the date must be spotet: If the date inserted in this block document's effective date on the Department.	of filing: ecific and cannot be poses not meet the appearant of State's reco	prior to date of filing plicable statutory ords.	or more than 90 days filing requirements.	ptional) after filing.) Pursua this date will no	nt to 605.020 t be listed a
record specifies a delayed effective date I is filed.	but not an effective	/e time, at 12:01 a	.m. on the earlier of	f: (b) The 90th d	ay after the
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