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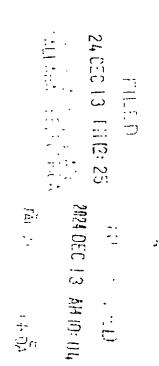
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 3	L Suoren	18 LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Surina	Name of Person	
	3 K Su	Firm/Company/	
	2915 H	Untington)	<u></u>
	Tallah	City/State and Zip Code	2308 <u>Prem</u> ell C@gnail.com
For further information co	i:-mail address:\{\right\} oncerning this matter, please c	to be used for future annual report noti all:	idation)
Socio Name of	Person	at (Sode) — Daytime	2 - 949 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 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 C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
Tallahassee, F			ananassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> Sprem</u>	e LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our recor ited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp	nany were filed on <u>12/13</u> 53 ⁴ 10	\2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	.iability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		
Enter new mailing address, if applicable:		:- NO
(Mailing address MAY BE A POST OFFICE BOX)		
D 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>ente</u> i	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	288
		lorida
	City	Zip Code

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

VIC16 -	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Fanta Sanoko	2020 Continental Que.	_√∆Add
		Tallahassee, FL 32304	□Remove
			□Change
			□ Add
			□Remove
			_ □Change
			_ 🗆 Add
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<u>lote:</u> If the c	te, if other tha ate is listed, the da date inserted in t ffective date on	his block does r	not meet the app	olicable statutory	or more than 90 d filing requireme	_ (optional) ays after filing.) Pu ents, this date wil	rsuant to 605,0207 (I not be listed as t
record speci I is filed.	fies a delayed ef	fective date, bu	t not an effectiv	e time, at 12:01 a	n.m. on the earlie	er of: (b) The 90	Oth day after the
ated \S	13/20	24	<u>.</u>	·			
_	S	Signature	of a member or ai	uthoried represent	lative of a member		
			Typologo):// ~ ~			
		\mathcal{O}^{C}	Typed or pr	rinted name of right	iee		