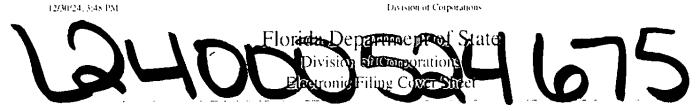
Division of Corporations



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Fax Number : (850)617-6383

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COVER LETTER

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SUBJEC	Г:	Name of Litt	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reto	urn all correspo	indence concerning this matter	to the following:	
		Chelsea Chapman		
			Name of Person	
			Firm/Company	7
		801 US Highway 1		
			Address	
		North Palm Beach, FL 33-	408	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	itication)
For further	r information c	oncerning this matter, please c	all:	
Chelsea C	Thapman		561 694-8107	
	Name of	f Person	at ()	re Telephone Number
Enclosed i	is a check for th	ne following amount:		
■ \$25,0 6	0 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 tadditional copy is enclosed)
	<u> Tailing Addres</u> Registration S		Street Address: Registration Se	ction
Registration Section Division of Corporations		Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314 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 Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/18/2024 and ass lorida document number L24000524675 This amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "Lorenteen new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX1 The amending the registered agent and/or registered office address on our records, enter the name of the new gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida succet address Florida Typ Code Typ Code Typ Code	
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Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
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Cuy Zip Code	

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 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>	Name	Address	Type of Action
MGR	Jessica Sarah Reich-Gomez	3048 SW 17 St. Miami, FL 33145	≅Add
			□Remove
			⊟Change
			□Add
			□Remove
			☐ Change
***************************************			□Add
			□Remove
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			□ Remove
			□Change

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(If an effect <u>Note:</u> If	date, if other than the date of filing:
f the record s ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	
	Challes Charman
	Chelsea Chapman Signature of a member or authorized representative of a member
	Chelsea Chapman, Attorney-In-Fact
	Typed or printed name of signee

Filing Fee: \$25.00