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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
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2025 FEB 14 MM 10: 57 SECRETARY OF CITATE TALL A MASSES, FL

## **COVER LETTER**

TO: Registration Se Division of Cor	ction porations			
SUBJECT:	Name of Lin	H HOUSE, LLC nited Liability Company	·	
	Amendment and fee(s) are sub	-		
Please return all correspo	ndence concerning this matter	to the following:		
	SHERRY	GARTINO Name of Person	, <u></u>	
	NINTH	HOWE, LLC Fimi/Company		
	3019 LA	KC Suxon DRW	<u>e</u>	
	LAND OI	ACO FL 34 City/State and Zip Code	639 Z	2025FEB
	R-GA E-mail address: (	to be used for future annual report notifi	cation)	
For further information co	oncerning this matter, please c	all:	(). 17	图 第二
SHELLY Name of	AL MO Person	at (727) Daytime	3808 r	公里中57
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Certificate of Certified Cop (additional copy	Status &
Mailing Address	<u>s:</u>	Street Address:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
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 Compa	LC.
(A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $3 - 27 - 2019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
RESOURSA GROUP, LLC	$\mathcal{C}$ .
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	same
(Principal office address MUST BE A STREET ADDRESS)	2005 FF
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KAYLEE GARDAD	3019 LAKE SOKON DY	□ Add
		LAMO O LAKES, FL 3413°	
			□Change
mue	MARC GARTINO	3019 LAKE SOVER BY	□ Add
		Land o Lakes FL 34639	Remove
			□Change
			□Add
			□Renюve
		SECRE	Change FEB Add
		VALLARY OF	Add
		T', **	Remove
			□ Change
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an effection l	the date, if other than the date of filing:
record I is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ated _	Feb 11, 2025
	Signature of a member or authorized representative of a member