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| (R | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Special Instructions to | Filing Officer: | |
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TO:

| SUBJECT: | Name of Lim | ited Liability Company | |
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| Name of Person Area Code Daytime Telephone Number inclosed is a check for the following amount: | | | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Mickoy Porter | | |
| | | Name of Person | |
| | OM Porter LLC | | |
| | | Firm/Company | Daytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) dress: ion Section of Corporations |
| | Division of Corporations OM Porter LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. sereturn all correspondence concerning this matter to the following: Mickoy Porter Name of Person OM Porter LLC Firm/Company 4892 Pinemore Ln Address Lake Worth FL 33463 City/State and Zip Code loopets@gmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: koy Porter Name of Person Area Code Objects of the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations | | |
| | - | Address | |
| | Lake Worth FL 33463 | | |
| | | City/State and Zip Code | |
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| For further information c | | | ouncation) |
| Mickoy Porter | | | |
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| ■ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
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| P.O. Box 632 | | The Centre of | |
| Tallahassee. | FL 34314 | Z413 N. MONI | roe Street, Suite 810 |

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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| is it now appears on our records.) thry Company) | |
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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 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 |
|--------------|------------------|---------------------------------------|----------------|
| AMBR | Orenthian Porter | 4892 Pinemore Ln. Lake Worth FL 33463 | = Add |
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| record sp I is filed. | pecifies a delayed effective | date, but not an effective t | ime, at 12:01 a.m. on th | ne earlier of: (b) The 90th o | lay after the |
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| | 5 | ignature of a member or auth | orized representative of a | member | |