| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Entity Hame) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 07/29/2021 | | ⇔WALK IN |
|-------------------------|---|-------------|
| ENTITY NAME Five Pou | and LLC | WALK |
| LIVITI I NAML | | |
| DOCUMENT NUMBER_ | | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | |
| XXXXXX | Plain Copy | |
| | Certified Copy | |
| | Certificate of Status | |
| | Certified Copy of Arts & Amendments Certificate of Good Standing | |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** | |
| COUNTRY OF DESTINATI | DN | |
| NUMBER OF CERTIFICAT | ES REQUESTED | |
| TOTAL OWED \$25.00 | ACCOUNT #: 1201600000 | 72 |
| | S R F/O | |
| Please call Time at the | above number for any issues or concerns. Thank you | 22 444 |

COVER LETTER

TO:

Tallahassee. FL 32314

| | egistration Se ivision of Cor | | | |
|-------------|----------------------------------|---|---|---|
| SUBJECT | Five Pound | ILLC | | |
| SUBJECT | · | Name of Lin | nited Liability Company | |
| The enclos | ed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please retu | m all correspo | ondence concerning this matter | to the following: | |
| | | Daniel Reyes | | |
| | | | Name of Person | |
| | | ZenBusiness INC. | | |
| | | - | Firm/Company | |
| | | 5511 Parkerest Dr. Suite 2 | 07 | |
| | | | Address | |
| | | Austin, TX 78731 | | |
| | | | City/State and Zip Code | |
| | | fulfillment@zenbusiness.co | | |
| For further | information c | oncerning this matter, please co | to be used for future annual report not all: | incation) |
| Daniel Reg | yes | | 512 237-7349 | |
| | Name o | f Person | at () Area Code Daytin | ne Telephone Number |
| Enclosed is | s a check for th | ne 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) |
| | ailing Addres | | Street Address: | ation |
| | egistration S ivision of C | | Registration Se Division of Co | |
| | O. Box 632 | | The Centre of T | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ARTICLES OF | JAGANIZATION | |
|---|--|---|
| O | OF E M | P |
| | DF any as it now appears on our records.) Liability Company) were filed on 07/22/2021 and assigned | |
| Five Pound LLC | | . <i>i.y</i> |
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | any as it now appears on our records.) Liability Company) | S. T. T. S. |
| · | |) |
| The Articles of Organization for this Limited Liability Company | were filed on $\frac{07/22/2021}{}$ and assigned. | / |
| Florida document number L21000333654 | | <i>y</i> |
| | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| | | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company "the designation "FTC" or the abbreviation "FTC" | _ |
| | 7900 Oak Lane, Suite 400 | |
| Enter new principal offices address, if applicable: | | _ |
| (Principal office address MUST BE A STREET ADDRESS) | Miami Lakes, FL 33016 | _ |
| | Broward County US | |
| | | |
| Enter new mailing address, if applicable: | 7900 Oak Lane, Suite 400 | |
| (Mailing address MAY BE A POST OFFICE BOX) | Miami Lakes, FL 33016 | |
| · · · · · · · · · · · · · · · · · · · | Broward County US | _ |
| | | _ |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the name of the new regist | <u>ered</u> |
| Name of New Registered Agent: | | _ |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | . Florida | |
| | , t tvitua | _ |
| | City 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 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> | <u>Address</u> | Type of Action |
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| Note: If the date in: | serted in this block de | of filing:ecific and cannot be price ones not meet the appliment of State's record: | cable statutory filing | (optional) e than 90 days after filing.) requirements, this date | Pursuant to 605.0207 will not be listed as |
| the record specifi) The 90th day a | es a delayed effe ofter the record is | ective date, but no s filed. | ot an effective tir | ne, at 12:01 a.m. (| on the earlier of |
| Dated July 28th | | 2021 | ·· | | |
| | Signat | Dyson ure of member or aut | Richard | 4 | |
| | | and try member to add | ватион тертеменинуе () | r a memoet | |
| Dyron R | chards | | | | |

Filing Fee: \$25.00