Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 : (916)576-7000

Fax Number : (800)503-5863

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		

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Corporate Filing Menu

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. To: 18506175383 From: 19165766966 Date: 07/29/24 Time: 8:41 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 JUL 29 AM 4: 26
FALLAHASSEF, FLORID,

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fiorida street a	iddress
		Florida
	Cin	Ziji Cade

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 filled 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.

. To: 18506176383 From: 19165765966 Date: 07/29/24 Time: 8:41 PM Page: 04/05

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
			_ C Add
			_ Firemove
			_ CChange
			Rehave To The Rehamped 26
			Rebave C
			DAIL 20
			Remove
			_ CChange
			_ T.Add
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			Add
			_ Remove

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	July 19	2024 Syra gnature of a member or authorized representative of a member
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. . To: 16506176383 From: 19165766966 Date: 07/29/24 Time: 8:41 PM Page: 05/05

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