## Florida Department of State Division of Corporations Electronic Filing Cover Speec

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

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

| Email | Address: |  | <br> |  |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADDS E-SERVE LLC

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| ADDS E-SERVE LLC   |  |                   |           |
|--|--|-------------------|-----------|
| (Name of the Limited Liability Company as it<br>(A Florida Limited Liability   | Company)                                 |                   |           |
| The Articles of Organization for this Limited Liability Company were for a document number L22000223837                                      | filed on 05/12/22                        | and assign        | ned       |
| This amendment is submitted to amend the following:  |  |                   |           |
| A. If amending name, enter the new name of the limited liability co  | ompany here:                             |                   |           |
| The new name must be distinguishable and contain the words "Limited Liability Cor  | npany," the designation "LLC" or the abb | oreviation "L.L.( |           |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  —————————————————————————————————— |  |                   |           |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  ———————————————————————————————————                   |  |                   |           |
| B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:                    | ss on our records, <u>enter the nam</u>  | e of the new      | registere |
| Name of New Registered Agent:  |  |                   |           |
| New Registered Office Address:   | Enter Florida street address             | <del>2</del>      | <u> </u>  |
|  | , Florida                                | Zip Code          |           |
| (  | City.                                    | Ziji Coue.        |           |

## 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.

City

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

| Title | <u>Name</u>    | Address                      | Type of Action |
|-------|----------------|------------------------------|----------------|
| AMBR  | Patrick Toothe | 5079 North Dixie Highway     | <b>X</b> ;Add  |
|       |                | Oakland Park, Florida, 33334 | □Remove        |
|       |                |                              | □Change        |
|       |                |                              | □Add           |
|       |                |                              | □Remove        |
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|       |                |                              | □Add           |
|       |                |                              | □Remove        |
|       |                |                              | □Change        |

| If amending any other inform   | nation, enter change(s) here:   | (Attach additional she                                      | ets, if necessary.)  |                            |
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| Effective date, if other than the affective date is listed, the date Note: If the date inserted in this document's effective date on the | the date of filing:  must be specific and cannot be prior to s block does not meet the applica e Department of State's records. | o date of filing or more than<br>ble statutory filing requi | (optional) 90 days after filing.) Pursuant to 6 rements, this date will not be l | 05.0207 (.)<br>isted as th |
| the record specifies a delayed effectord is filed.   | ctive date, but not an effective tin  | ne, at 12:01 a.m. on the c                                  | earlier of: (b) The 90th day a   | fter the                   |
| Dated 06/08  | . 2022  |   |  |                            |
| Riluy  | Signature of a member or autho  | rized representative of a me                                | mber   |                            |
| Riley Park   | •   | d name of signee  |  |                            |

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