Division of Corporations

Florida Department of

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**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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9/11/2023 13;22:35 PDT To: 18506176383 Page: 2/4 From Registered Agents Inc. Fax: 813436

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION 4 $^{-1}$ $^{-3}$ OF.

Endoral Pacayon, Aganov I.I.C

<i>Y.</i>)	Liability Company as it now appears on our records.) Viborida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L23000094050	bility Company were filed on 02/21/2023	and assigned
his amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "L4,C" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BO</u>	<u>OX)</u>	
Mailing address MAY BE A POST OFFICE BO 3. If amending the registered agent and/or reg	gistered office address on our records, <u>enter the nam</u>	
Mailing address MAY BE A POST OFFICE BO 3. If amending the registered agent and/or reg	gistered office address on our records, <u>enter the nam</u>	e of the new regis
Mailing address MAY BE A POST OFFICE BO	gistered office address on our records, <u>enter the nam</u>	
Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered affice address Name of New Registered Agent:	gistered office address on our records, <u>enter the nam</u>	
Mailing address MAY BE A POST OFFICE BO 3. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, <u>enter the nam</u>	
Mailing address MAY BE A POST OFFICE BO 3. If amending the registered agent and/or registered affice address Name of New Registered Agent:	gistered office address on our records, <u>enter the nam</u> here:	9,000 000

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

9/11/2023 \$3:22:35 PDT

Tc: 18506176383

Page: 3/4

From, Registered Agents Inc.

Fax: 813436

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
AMBR	MT CAPITAL SOLUTIONS LLC	30 N GOULD ST STE N	□Add
		SHERIDAN, WY 82801	X ¹ Remove
			_ []Change
			□Remove
			☐ Change
			□Add
			□Remove
			fi Change
			(T) Add
			□Remove
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			□Change

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fective date, if other that	n the date of filing:		(optional)	
n effective date is listed, the da <u>ste:</u> If the date inserted in t	te must be specific and cannot be prio	cable statutory filing requir	90 days after filing.) Pursuant to 605.6 ements, this date will not be listed	
ecord specifies a delayed et is filed.	fective date, but not an effective :	time, at 12:01 a.m. on the e	artier of: (b) The 90th day after	the
ted	2023			

Typed or printed name of signer