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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	IEGHo Name of Lim	Idings LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for Itling.	
Please return all correspo	ondence concerning this matter	to the following:	
		Inga Gualtney	
		EG Holdings LI	<u>LC</u>
		5 NW 36th Aven	
		NESVILLE, FL 3260 City/State and Zip Code	
	Yegatc 16	Yohov.Com tobl used for future annual report not	ification)
For further information e	oncerning this matter, please c		
Inga Gua	Itney f Person		o - 01 30 ne Telephone Number
Enclosed is a check for t	he following amount.		
□ \$25.00 Filing Fee	\$30.00 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)
Station Addison		Charles Address	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1EC	2 Holdings LLC
(Name of the Limited L (A F	Jability Company is it now appears on our records.) Torida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L2300047793</u>	lity Company were filed on 10/18/2023 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the Inga Gualfney	e limited liability company here: Holdings LLC "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
-	, Florida
New Registered Agent's Signature, if changing Regi	

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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
			☐ Change
<u></u>			□Add
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Note:	ive date, if other than the date of filing: 11/13/2023 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them; seffective date on the Department of State's records.
ne recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	November 13 2023
	Signature of a member or authorized representative of a member
	Inga Gwaltney