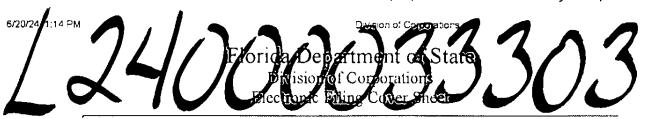
To: 18506176383 From: 19166105073 Date: 06/20/24 Time: 6:16 PM Page: 02/05



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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)603-5868

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

Email	Address:	RLOPS@PARASEC.COM	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEADSTOCK MARKET LLC

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JUN 2 1 2024

To: 18506176383 From: 19166105073 Date: 06/20/24 Time: 6:16 PM Page: 03/09

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	Deadstock Market LLC		,	SSEE, FLORID,
	(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on ou	r records.)	
į	(A Florida Lin	inted Liability Company)		
·	zation for this Limited Liability Comp	pany were filed on01/7/	2024	_ and assigned
Florida document num	ber <u>L24000033303</u>			
This amendment is sub	mitted to amend the following:			
$\overset{\circ\circ}{ ext{A.}}$ If amending name	, enter the new name of the limited	liability company here:		
Opus Endeavours	LLC			
	inguishable and contain the words "Limited	Liability Company," the designati	on "LLC" or the abbre	viation "L.L.C."
Enter new principal o	offices address, if applicable:			
(Principal office addre	SS MUST BE A STREET ADDRES	<u></u>		
٦.				
 Enter new mailing ad	dress, if applicable:			
	'BE A POST OFFICE BOX)			
$(aa) \longrightarrow (b)$				
	gistered agent and/or registered of registered office address here:	fice address on our records	, enter the name o	of the new registered
Name of New	Registered Agent:			
New Register	ed Office Address:			
		Enter Florida stre	et address	
			Florida	
		City		Zıp Code

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.

To: 18506176383 From: 19166105073 Date: 06/20/24 Time: 6:16 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
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To: 18506176383 From: 19166105073 Date: 06/20/24 Time: 6:16 PM Page: 05/05

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(if an effect <u>Note:</u> If	e date, if other than the date of filing: (optional) tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records	(3)(1 thc
f the record ecord is file	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 d.	
Dated _	June 17 2024	
. fe		
	Signature of a member or authorized tepresentative of a member	
	Kyle Hazlewood	
	Typed or printed name of signee	

Filing Fee: \$25.00