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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : 120240000004 Phone : (800)638-2320 Fax Number : (775)376-9207

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

Email Address: somebodysfarm@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOMEBODY CARES, LLC

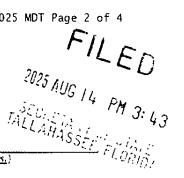
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From Corporate Service Center Inc 1.702.507.9682 Wed Aug 13 17:19:10 2025 MDT Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SOMEBODY CARES, LLC

(Name of the Limited Liability Company as It now appears on our records.)

(A Florida Limited	Empirity (company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L25000227092</u>	were filed on 05/13/25 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	Hiry Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	469 Farm Rd		
(Principal office address MUST BE A STREET ADDRESS)	Saint George, GA 31562		
Enter new mailing address, if applicable:	469 Farm Rd		
(Mailing address MAY BE A POST OFFICE BOX)	Saint George, GA 31562		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:	Emer Florida street address		
	, Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, and I am familiar with and		

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

From Corporate Service Center Inc 1.702.507.9682 Wed Aug 13 17:19:10 2025 MDT Page 3 of 4 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	Name	<u>Address</u>	Type of Action
MGR	Alia Creegan	469 Farm Rd	□ Add
		Saint George, GA 31562	☐ Remove
			D Add
		····	□ Remove
			☐ Clunge
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an effective	e date is listed, the date must he date inserted in this bloc	e specific and cannot be pric		nore than 90 days after	er filing.) Pursuant to 605.0	
	s effective date on the Dep			ig requiements, in	is date will not be used	u as u
	specifies a delayed e th day after the recor		ot an effective	time, at 12:01	a.m. on the earlie	r of:
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ated	August 13	. 2025	·			
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Filing Fee: \$25.00