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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOOL & INGRAM PLLC

Account Number : I20190000071 Phone : (904)257-5777

Fax Number : (904)347-2738

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

Fma i	. 1	Address

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGNO 24 N. MARKET, LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

24 N. MARKET, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u> s.</u>
The Articles of Organization for this Limited Liability Comp	any were filed on 08/19/2025	and assigned
lorida document number L25000377152		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
24 N MARKET STREET LLC		
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
nter new mailing address, if applicable:		
		: 2
Mailing address MAY BE A POST OFFICE BOX)		·
If amending the registered agent and/or registered offi	aa addrees an our records, antar	•
gent and/or the new registered office address here:	et address on our records, <u>enter</u>	1
<del>-</del>		<b>d</b> D
Name of New Registered Agent:		
New Registered Office Address:		
Western Dental and Activity Production.	Enter Florida street addres	r
	. Flo	orida
<u></u>	City	Zip 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.

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>	Name	Address	Type of Action
		<del></del>	
			□ Remove
			☐ Change
			□ Add
			□Remove
			Change
		**************************************	□Add
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			Change
			□Add
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		***************************************	☐ Change
			DAdd
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

. If amend	ding any oth information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effecti Note: If t	date, if other than the date of filing:
he record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	August 21 2025
	Africa
	Signature of a member or authorized representative of a member
	Andrew M. Sodl, as Authorized Representative