5/1/23, 10:43 AM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(01123000161697.3)))



H200001516973AE107

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
fax Number : (85e)517-6333

f non-

Account Number : JEC+, HARPIS, RAYMOR & JONES, P.A. Account Number : 120000000110

Account Number : 120000000210 Phone : (501)746-1002 Fax Number : (501)775-0270

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

Email Address: janet@protocolhs.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MODICA & BELFORD, LLC

Certificate of Status	0 ;
Certified Copy	В
Page Count	113
Estimated Charge	825,00

Electronic Filing Menu

Corporate Filing Menu

Help

3 MAY - 1 PH 2: 44

TAY 0 2 2023

K. Brumbiey

Page: 7 of 21 05/01/2023 3:31 PM

(((H23000161697 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Modica & Belford, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recoil Liability Company)	rds.)
		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabs	ility Company," the designation "LL	C" or the abbreviation "LL C."
(Name of the Limited Liability Company as it now society on our records.) (A Honda Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on01.09/2001 and assigned did document number		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1-
agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
New Registered Office Address		
	Enter Florida street addre.	ıı
	. FI	orida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I fu performance of my duties, a provided for in Chapter 605	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

AMBR = Authorized Member

□ Change

(((H23000161697 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	————— □ Add
	□ Remove
	Change
	
	—————□Change
	□Add
~	ORcmove
	
	□ Add
	Change
	—————— □Add
	□Remove
	[]Change
	□Add
	□Remove

(((H23000161697 3)))

		_
		
		-
		_
~=		
		_
		-
		_
		-
		_
·		
		-
-		-
		_

		-
		-
fective d	late, if other than the date of filing: e 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 60: e date inserted in this block does not meet the applicable stopped.	5.020 i e d a
	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list effective date on the Department of State's records.	
cument's	The modified in this block does not incertificable stanting vising regularements, this data will and by the	r the
cument's	effective date on the Department of State's records.	r the
cument's ecord spec is filed,	effective date on the Department of State's records.	r the