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<u>D</u>	OUBLE M C, LLC DRPORATE NAME AND DO	CUMENT #)	
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Docusign Envelope ID: 97BEB9C8-C7E8-44DF-A815-B3988ECB245F **COVER LETTER** 'TO: Registration Section **Division of Corporations** DOUBLE M.C. LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Austin T. Dailey, Esq. Name of Person Klein & Klein, LLC Firm/Company 40 SE 11th Ave Address Ocala, FL 34471 City/State and Zip Code mocarroll@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Austin T. Dailey Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DOUBLE M C, LLC		2024 NOV 26 AND -
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	ty Company as it now appears on our Limited Liability Company) Company were filed on 01/23/200-	ALL AHASSEE, FLOOR
Florida document number L04000006139	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Patrickswell, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		.
B. If amending the registered agent and/or registered	d office address on our records,	enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		Florida
	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

Docusign Envelope ID: 978EB9C8-C7E8-44DF-AB15-B3988ECB245F in amenuing Authorized rerson(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
			□Add
			□Remove
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Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cooper. If the date inserted in this block does not me becoment's effective date on the Department of States.	eet the applicable	ate of filing or more statutory filing	e than 90 days a requirements,	otional) fter filing.) Pi this date wi	irsuant to Il not be	605.03 listed
record specifies a delayed effective date, but not a l is filed.	in effective time,	at 12:01 a.m. oi	the earlier of:	(b) The 9	Oth day	after t
11/11/2024						
Mora (ard)						
		ed representative of	fa montos	-		-