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CHEFFER HAGAN

ATTORNEYS AT LAW

M. Brian Cheffer Samuel J. Hagan, IV 2120 McGregor Blvd. Fort Myers, FL 33901 Telephone: 239-334-1381

Facsimile: 239-334-0266

MEMORANDUM

TO:

Department of State

Division of Corporations

Registration Section

PO Box 6327

Tallahassee, FL 32314

FROM:

M. Brian Cheffer, Esq.

RE:

Singleton and Wheeler LLC

DATED:

September 16, 2024

Dear Sir/Madam:

Enclosed please find a completed Articles of Amendment o Articles of Organization, with regard to the above matter. Also, enclosed please find a check in the amount of \$30.00 (\$25.00 processing fee and \$5.00 certificate of status request).

If you should have any questions, please feel free to contact me.

MBC/cmm Enclosure(s)

COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: | Name of Limi | ted Liability Company | |
|---|--|---|---|
| The enclosed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | |
| | ndence concerning this matter | | |
| | M. Brian Cheffer, Esq. | | |
| | | Name of Person | |
| | Cheffer & Hagan, PA | | |
| | | Firm/Company | |
| | 2120 McGregor Boulevard | | 2 |
| | | Address | |
| | Fort Myers, FL 33901 | | 2024 SEP 25 M 8: 57 SECKE LANGUE FILE SECKE LANGUE FILE iculion) |
| | | City/State and Zip Code | |
| | | | |
| | | to be used for future annual report notil | ication) |
| For further information c | oncerning this matter, please ca | all: | |
| M. Brian Cheffer | | 239 334-1381 at () | |
| Name o | f Person | Area Code Daytime | : Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration ! Division of C P.O. Box 632 | Section Corporations | Street Address: Registration Sec Division of Cor The Centre of T | porations allahassee |
| Tallahassee. | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Singleton and Wheeler LLC | pany as if now appears on our record | is.) |
|---|--|--------------------------------|
| (Name of the Limited Liability Com (A Florida Limited | Liability Company) | · |
| The Articles of Organization for this Limited Liability Compar | y were filed on February 15, 200 | 6 and assigned |
| lorida document number 1.06000016721 | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| he new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | <u> </u> |
| | | 23 3 - |
| Enter new mailing address, if applicable: | | S- 7 - |
| Mailing address MAY BE A POST OFFICE BOX) | | T. 6 |
| Stating datess SIAT BE A TOST OF THE BOAT | | |
| | | , |
| If amending the registered agent and/or registered offic agent and/or the new registered office address here: | e address on our records, <u>enter</u> | r the name of the new regis |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addre | PNN |
| | F | lorida |
| | 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> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|----------------------|---------------------|
| MGR | Donald R. Singleton | 2534-A Edison Avenue | □Add |
| | | Fort Myers, FL 33901 | =Remove |
| | | | □Change |
| | | | bAdd |
| | | | □Remove |
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| ective date, if other than the d | ata af filinga | | | | (optional | | | |
| effective date is listed, the date must I | e specific and ca | nnot be prior to | date of filing or | more than 90 day | s after filing | g.) Pursu | ant to 60 | 5.03 |
| e: If the date inserted in this bloc ument's effective date on the Dep | k does not mee artment of Stat | t the applicab e s records. | le statutory fil | ing requiremen | ts, this date | e will ne | ot be lis | ted |
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| cord specifies a delayed effective | date, but not an | effective tim | e, at 12:01 a.m | , on the earlier | of: (b) T | he 90th | day afte | er tl |
| s tiled. | | | | | | | | |
| Suprambur 11 | | 2024 | | | | | | |
| ed September 11 | <u> </u> | 2024 | . • | | | | | |
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Typed or printed name of signee