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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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

் Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAINBRIDGE INVESTOR, LLC

Certificate of Status	0
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Page Count	04
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		T. LEMIEUX
	 	 OCT 25 2024

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## ARTICLES OF AMENDMENT TO -ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)  bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 07/01/08 and assigned
Florida document number L08000063964	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	tv company here:
The new name must be distinguishable and contain the words "Limited Liability	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)	
	924 DCT
Enter new mailing address, if applicable:	22
Mailing address MAY BE A POST OFFICE BOX)	30 <del>2</del> 1
	A 0 -
	<sup></sup> <b>5</b>
3. If amending the registered agent and/or registered office ad	dress on our records, enter the name of the new re
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

## 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.

Cuv

Zip Code

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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	TRITONAS Corp	14200 SW 67TH AVE	□Add
		MIAMI, FL 33158	<b>₩</b> Remove
			☐Change
MGR	John Neocleus	7901 4th St N STE 300	<b>X</b> !Add
		St. Petersburg, FL 33702	□Remove
			□Change
MGR	Jonathan w. Greenbaum, c/o Coburn Greenbaum & Eisenstein	7901 4th St N STE 300	<b>X</b> (Add
		St. Petersburg, FL 33702	□Remove
			「IChange
			□Add
			[]Change
			□Add
			∐Remove
			□Change
			Cl Add
			□Remove
			□ Change

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17. 11 Alli	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>-</u>	
-	
	<del></del>
Note:	ive date, if other than the date of filing:
if the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the led.
Dated	10/24 2024  Signature of member or authorized representative of a member
	Robin Jones
	Lyped or printed name of signee