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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PARDO JACKSON GAINSBURG, PL

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OCT 3 0 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

City	,	Zip Code
	, Florida	
New Registered Office Address:	Inter Florida street address	
Name of New Registered Agent:		
Serie with or the New Templet and Othics and 622 Hels.		
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	n our records, enter the nam	ie of the new registe
		, <b>&gt;</b>
		.5. .5.
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	:
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	·
		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRESS)		E Ja
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LUC" or the ab	obreviation "L.L.C."
Pardo Jackson Gainsburg & Shelowitz, PL		
A. If amending name, enter the new name of the limited liability com	pany here:	
This amendment is submitted to smend the following:		
Florida document number L10000120371		
The Articles of Organization for this Limited Liability Company were file	d on November 17th, 2010	and assigned
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	1 ( ( L ( L ( L ( L ( L ( L ( L ( L ( L	

## 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

Title	<u>Name</u>	Address	Type of Action
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ffective date, if other an effective date is listed, Note: If the date insert locument's effective date.	d in this block does	not meet the applic	cable statutory filip	ig requirements, this c	i <b>sl)</b> ling.) Pursuant to 605.0207 late will not be listed as
record specifies a dela l is filed.	yed effective date, bu	n not an effective t	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ated October 26	^	2023			
Par	Not	of a member or auth	·		
	Signature	of a member or auth	orized representative	of a member	

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