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COVER LETTER

| TO: Registration Section Division of Corpo | | | • | • · |
|--|---|---|-----------------------------|--|
| SUBJECT: | ST Perspect | IVE, LLC ted Liability Company | | 2073 SEP |
| The enclosed Articles of An | nendment and fee(s) are sub- | mitted for filing. | | Sep 26 |
| Please return all correspond | ence concerning this matter | to the following: | | . 5 - 7 |
| | Joseph | TAMBO Cell Name of Person | o,Jr. | . A410: 45 |
| | Just | Perspective Firm/Company | , UC | |
| | | FENER AVE Address | | <u></u> |
| | Orlans | Address OFL City/State and Zip Code JUS+Perspec- | 2812 | |
| | Joeta E-mail address: (1 | JUSTPERSPECTION DE USED FOR FUTURE ANNUAL I | report notification) | |
| For further information con | cerning this matter, please ca | الد: | | |
| Joseph TAMB Name of P | orello JR. | at (40) | 969 - 00 Daytime Telepho | |
| Enclosed is a check for the | following amount: | | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is encl | | S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF. Just Perspective, ability Company as it now appears on our records.) lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number __L 1 2 0 000 2376 \(\tau \) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered 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 street address

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 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 |
|--------------|----------------------|----------------------|-------------------------|
| AMBR | Monica L. TAMborello | 3045 Tall Timber Dr. | X Add |
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| | (optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605 the applicable statutory filing requirements, this date will not be list is records. |
| ord specifies a delayed effective date, but not an effective | effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte |
| September 20. | 2023 |
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| \/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | per or authorized representative of a member |