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COVER LETTER

TO:

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20BJE	CI;	Daria	Name of Lim	ited Liability Com	pany	······································
The enc	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please r	eturn	all correspond	dence concerning this matter	to the following:		
			<u>Jennifer</u>	M. MON	rtensen	
			<u>David Mor</u>	tensen	Tools, LLC	<u>, </u>
			17146 Eagl	e In.		
				Address	3	
			Lutz, Flor	ida 3	33558	
			Mortensenoar E-mail address: (YTYOFY (V)	OMAN. COM	ation)
For furt	her in	formation cor	cerning this matter, please ca	all:		
10	hMi	for M	Mortensen	۵۱	ろ しのしろ	294
<u> </u>	i III (i	Name of I	Person	at (<u>0</u> 1 Area C	$\frac{3}{2}$ lode Daytime T	Celephone Number
Enclose	d is a	check for the	following amount:			
¥ \$25	5,00 F	iling Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55,00 Fil Certified (additional)	=	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Div P.O	ling Address: gistration Serision of Co b. Box 6327 lahassee, Fl	ection rporations		Street Address: Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Hahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

·--- 1

)avid Mortensen Tools, LLC 2022 MAY -6 PM 12: 2 Liability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01 03 2014 and assigned Florida document number <u>L1400001029</u> 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 City

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
AMBR	Jennifer M. Mortensen	17146 Eagle Ln.	M∆dd
		17146 Eagle Ln. Lutz, Florida	ПRепюче
		33558	□Change
			□ Add
			□Remove
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Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 [Stock: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as: document's effective date on the Department of State's records, [Precord 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 dis filed. [Supporte of a member or authorized representative of a member David F. Mortensen [Steel or printed page of support.]		
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