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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future $\widehat{\mathbb{C}}_{\leftarrow}$ annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FNB HOLDINGS LLC**

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MAY 0 1 2022

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FNB Holdings LLC			
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) inited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{06/17/14}{L14000096604}$			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "ELC" or the a	bbreviation "L.	L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	SS)	•	202
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Enter new mailing address, if applicable:		4-4 	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		· · · ·	عَد
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3. If amending the registered agent and/or registered of the gent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter the nar</u>	ne of the new	regist
New Registered Office Address:	Enter Florida street address		
	, Florida, Florida	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 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	Minna Nahvi	7901 4TH ST. N, STE. 300)_XlAdd
		St. Petersburg, FL 33702	□Remove
			□Change
			🗆 Add
			□Remove
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			Change
			Remove
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			□Remove

_____ □Change

	Signature of a member	Tak.	sentative of a member			
Dated May 30	. 20)22				
the record specifies a delayed effecti ford is filed.	ive date, but not an eff	fective time, at 12:0	11 a.m. on the earlie	raf: (b) The 90th	day after the	<u>.</u>
Effective date, if other than the (If an effective date is listed, the date in Mote: If the date inserted in this bedocument's effective date on the I	ust be specific and canno block does not meet th	ie applicable statute	ling or more than 90 da ory filling requireme	ys after filing.) Pursu	ani to 605.020 of be listed a	7 (3)() s the
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Typed or printed name of signee