Division of Corporations

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Division of Corporations

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Account Number : I19990000242

Phone : (215)563-8113

Fax Number : (215)977-9386

Email Address:

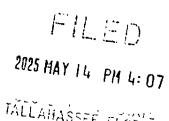
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LEE AMND/RESTATE/CORRECT OR M/MG RESIGN ADVANCED SCALE COMPANY, LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Advanced Scale Company, LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/23/2015 ____ and assigned Florida document number __L15000033854 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ASC Disc Op. LLC 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) 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

(((H25000176268 3)))

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>	Name	Address	Type of Action
MGR	Jared Wien	4864 Cortlett St.	□Add
		Tallahassee, FL 32303	≣Remove
			☐ Change
	-		□Add
			☐Remove
			Change
			□Add
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Fax. +12159779386

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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the Do	t be specific and cannot be prock does not meet the app	dicable statutory	(o) g or more than 90 days a r filing requirements,	ptional) after filing.) Pursuan this date will not	t to 605.0207 (be listed as ti	3)(b) he
the record specifies a delayed effective cord is filed.	e date, but not an effectiv	e time, at 12:01	a.m. on the earlier of	: (b) The 90th d	ay after the	
Dated May 13	2025	·				
B. V.	A STATE OF THE STA					
			itative of a member			

Typed or printed name of signee