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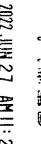
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COVER LETTER

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on LLC				
Name of Limi	ited Liability Company			
Amendment and fec(s) are sub-	mitted for tiling.			
ndence concerning this matter	to the following:			
Robert Dyson III				
	Name of Person		-	
	Firm/Company		-	
10183 N Athenia Dr			. 2	
	Address		022	
Citrus Springs, FL 34434			JUN 2	
rdys88@gmail.com	City/State and Zip Code		7 AH	; [7]
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	352 2700870			
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ne following amount:				
☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certifica	ite of Status & I Copy	
<u>s:</u> Section		n		
	Name of Lim Amendment and fee(s) are sub- indence concerning this matter Robert Dyson III 10183 N Athenia Dr Citrus Springs, FL 34434 rdys88@gmail.com E-mail address: (concerning this matter, please concerning this matter, please concerning this matter of Status	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Robert Dyson III Name of Person Firm/Company 10183 N Athenia Dr Address Citrus Springs, FL 34434 City/State and Zip Code rdys88@gmail.com E-mail address: (to be used for future annual report notification oncerning this matter, please call: at (352) 2700870 Area Code Daytime Teleste Certificate of Status Certified Copy (additional copy is enclosed)	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Robert Dyson III Name of Person Firm/Company 10183 N Athenia Dr Address Citrus Springs, FL 34434 City/State and Zip Code rdysRR@gmail.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: 1352 Area Code 1352 2700870 Daytime Telephone Number of Status Certificate Ory (additional copy is enclosed) Section Street Address: Registration Section	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Robert Dyson III Name of Person Firm/Company 10183 N Athenia Dr Address Citrus Springs, FL 34434 City/State and Zip Code rdys88@gmail.com E-mail address: (to be used for future annual report notification) The submitter please call: 1352 2700870 Area Code Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Sirect Address: Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Robert Dyson LLC	
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L15000140262	on 08/17/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
Fixed in 5 LLC	
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	20:
	72 J
Enter new mailing address, if applicable:	N T
Mailing address MAY BE A POST OFFICE BOX)	7
	黑 章 [1]
	73 T
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	·=. 10
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
	Planda
Cin	, Florida

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	:r	

<u>Title</u>	Name	Address	Type of Action
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			Remove
			Change
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fective date, if other than the in effective date is listed, the date mote: If the date inserted in this locument's effective date on the	iust be specific an block does not i	d cannot be pric meet the appl	icable statutory	g or more than 90 d		
ecord specifies a delayed effect is filed.	ive date, but no	t an effective	time, at 12:01	a.m. on the earlie	er of: (b) The 90	th day after th
June 24th	<u> </u>	2022				
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Filing Fee: \$25.00