## L17000/60082

| (1  | Requestor's Name)      |
|---|------------------------|
|   |                        |
|   | Address)               |
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|   |                        |
| (,  | Address)               |
|   |                        |
| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status |                        |
|   |                        |
| PICK-UP   | WAIT MAIL              |
| _   |                        |
|   |                        |
| (1  | Business Entity Name)  |
|   |                        |
|   | Document Number)       |
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| Curtified Copies  | Certificates of Status |
| Certified Copies  | Certificates of Status |
|   |                        |
| Special Instructions to F   | iling Officer:         |
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Office Use Only



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R. HUNT P/C4/24



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date:01/        | 04/2024        |  |           |     |
|-----------------|----------------|--|-----------|-----|
| Name:           |                |  |           |     |
| Reference #:    | 2232693        |  |           |     |
| Entity Name:    | PKP            | P BETA THETA LLC   |           |     |
|                 |                | rization to Transact Business  |           |     |
| ✓ Amendme       | nt             |  |           |     |
| Change of       | Agent          |  |           |     |
| Reinstater      | ment           |  |           |     |
| Conversio       | n              |  |           |     |
| Merger          |                | STATE OF THE STATE | 4H IO: 40 | · : |
| Dissolution     | n/Withdrawal   | FL   | : 40      |     |
| Fictitious N    | Name           |  |           |     |
| ✓ Other         | Please         | provide certified copy upon filing   |           |     |
|                 |                |  |           |     |
| Authorized Amou | int: \$55.00   | 0  |           |     |
| Signature:      | Uliana Prestia |  |           |     |

F: 800.944.6607

F: +852.2682.9790

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|  | TA THETA LLC                                    |  |                   |  |  |
|--|---|--|-------------------|--|--|
| ( <u>Name of the Limited Liability C</u><br>(A Florida Lin   | ompany as it now appearanted Liability Company) | s on our records.)   | <del></del> _     |  |  |
| The Articles of Organization for this Limited Liability Completion of the Liability Co | oany were filed on                              | 7/26/2017  | and assigned      |  |  |
| his amendment is submitted to amend the following:   |   |  |                   |  |  |
| A. If amending name, enter the new name of the limited   | liability company he                            | <u>re</u> :  |                   |  |  |
|  |   |  | ~;                |  |  |
| The new name must be distinguishable and contain the words "Limited  | Liability Company," the de                      | signation "LLC" or the abbi  | eviation "L.L.C." |  |  |
| Enter new principal offices address, if applicable:  |   |  |                   |  |  |
| Principal office address MUST BE A STREET ADDRES   | <u>s)</u>                                       | (1)  | <del></del> .     |  |  |
|  |   | 100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100 | <u>5</u> U        |  |  |
| Enter new mailing address, if applicable:  | 3701 Ar   | co Corporate Diffie  | \$ autite 500     |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | <u> </u>  | Charlotte, NC 28273  |                   |  |  |
|  | <del></del>                                     |  |                   |  |  |
| 3. If amending the registered agent and/or registere egistered agent and/or the new registered office address  |   | our records, enter t   | he name of th     |  |  |
| Name of New Registered Agent:  |   |  |                   |  |  |
| New Registered Office Address:   | Enter Flor                                      | ida street address   |                   |  |  |
|  |   | . Florida  |                   |  |  |
|  | City  | ,  | 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 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> | Name               | <u>Address</u>                       | Type of Action |
|--------------|--------------------|--------------------------------------|----------------|
| MGR          | Gregory J. Buehner | 3701 Arco Corporate Drive, Suite 500 |                |
|              |                    | Charlotte, NC 28273                  | □ Remove       |
|              |                    |                                      | X Change       |
|              |                    |                                      | Add            |
|              |                    |                                      | □ Remove       |
|              |                    |                                      | Change         |
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|                                 |                  |                  |  |                                       | ES.                                     |                 |
|                                 |                  |                  |  | -                                     | 7.<br>3.17.                             | 0               |
|                                 |                  |                  |  |                                       |   |                 |
|                                 |                  |                  |  | ••                                    |   |                 |
| ctive date, if other than t     | he date of filin | ıg:              |  | (                                     | optional)                               | - 44- 6050      |
| e: If the date inserted in this | block does not a | meet the applica | o date of liting or<br>ble statutory fil | more than 90 days<br>ing requirements | s after filing.) Pu<br>s, this date wil | I not be listed |
| ament's effective date on the   | Department of    | State's records. |  |                                       |   |                 |
| ecord specifies a delay         | red effective (  | date, but not    | an effective                             | time, at 12:                          | 01 a.m. on                              | the earlier     |
| ne 90th day after the r         | ecord is filed.  |                  |  |                                       |   |                 |
| January 3                       |                  | 2024             |  |                                       |   |                 |
| .0                              |                  | Member or autho  | _ '                                      |                                       |   |                 |
|                                 |                  | 1 /1 /           |  |                                       |   |                 |

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Filing Fee: \$25.00