7/21/22, 10:23 AM

" Page: 2 of 5

Division of Corporations

16082372310



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Division of Corporations

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Fax Audit #H22000247375 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) lify Company)		
The Articles of Organization for this Limited Liability Company wer	re filed on 9/25/2017	and	l assigned
Florida document number L17000198610			
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 C	Company," the designation "LLC" or the	e abbreviatio	n "[IC."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter-new malling address, if applicable:			
Enter iten maning address, it applicable.			
(Mailing address MAY BE A POST OFFICE BOX)			
• • •			
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office addi			
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Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office addi			
Mailing address MAY BE A POST OFFICE BON) 3. If amending the registered agent and/or registered office address here: Name of New Registered Agent:			
Mailing address MAY BE A POST OFFICE BON) 3. If amending the registered agent and/or registered office address here:	ress on our records, <u>enter the r</u>		
Mailing address MAY BE A POST OFFICE BON) 3. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ress on our records, <u>enter the r</u> Enter Fiorida street address	name of the	new regis
Mailing address MAY BE A POST OFFICE BON) 3. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ress on our records, <u>enter the r</u> Enter Fiorida street address	name of the	new regis
Mailing address MAY BE A POST OFFICE BON) B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ress on our records, <u>enter the r</u> Enter Fiorida street address		new regis

If Changing Registered Agent, Signature of New Registered Agent

Fax Audit #H22000247375 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:

16082372310

MGR = Manager AMBR = Authorized Member

* Page: 4 of 5

Title	<u>Name</u>	Address	Type of Action
AMBR	James Ivan Flatt JR	3727 Plantation Drive	X.Add
		Ormond Beh, Florida 32174	
			Change
	Toward Plates 44 V P.A Address -		
			□ Change
			L Aikl
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			: Classes

To:

D. If amending any other information, enter change(s) here: i, truch additional shoets, if necessary i	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing a Parsiani to 605 02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records	107 (3 ણો ns the
If the record 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 record is filed.	hè
Dated 7/15/22	
Signature of a member or anthorized representative of a member	
James Flatt, Member	
Typed or printed name of signee	