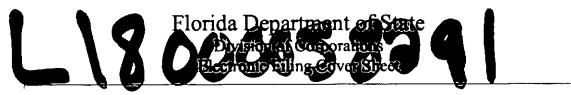
#### Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 : (916)576-7000 Fax Number : (800)603-5868

\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.\*\*

RLOPS@PARASEC.COM Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAUREN BARLEY LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

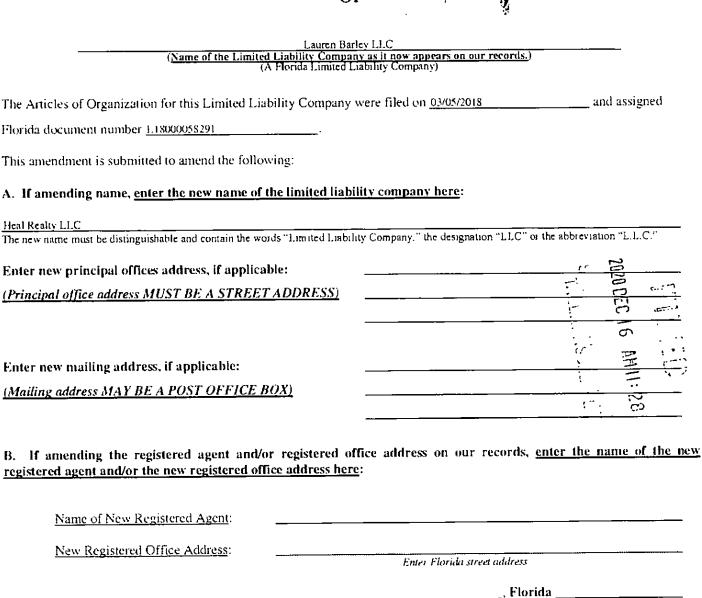
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Electronic Filing Menu Corporate Filing Menu

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To: 18506176383 From: 19165767051 Date: 12/16/20 Time: 1:34 PM Page: 02/04

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



#### 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

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# 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 |
|--------------|----------------|-----------------------|----------------|
| <u>AMBR</u>  | Stephen Munson | 1 N First St          | <b>M</b> Add   |
|              |                | Apt 5                 | □ Remove       |
|              |                | Cocoa Beach, FL 32931 | Change         |
| AMBR         | Lauren Barley  | 103 N Atlantic Ave    | Add            |
|              |                |                       | ☐ Remove       |
|              |                | Cocoa Beach, FL 32931 | Change         |
|              |                |                       |                |
|              |                |                       | □ Remove       |
|              |                |                       | Change         |
|              |                |                       |                |
|              |                |                       | ☐ Remove       |
|              |                |                       | ☐ Change       |
|              |                |                       |                |
|              |                |                       | Remove         |
|              |                |                       | ☐ Change       |
|              |                |                       |                |
|              |                |                       | □ Remove       |
|              |                |                       | □ Change       |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |           |                     |  |                     |                       |                                       |                                  |
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| E.  | Effective | e date, if other th | han the date of fili                         | ng:                 | date of filing or mor | optiona<br>re than 90 days after fili | ng.) Pursuant to 605.0207 (3)(b) |
|   | Note: If  | the date inserted i | n this block does no<br>on the Department of | t meet the applical | ole statutory filing  | requirements, this da                 | te will not be listed as the     |
| If<br>(b  | the reco  | rd specifies a c    | delayed effective<br>the record is filed     | date, but not       | an effective tir      | me, at 12:01 a.m                      | n. on the earlier of:            |
| ν.  | , ,       | 20, 20,             |  |                     |                       |                                       |                                  |
|   | Dated _   | November 11         |  | 2020                | _ •                   |                                       |                                  |
|   |           | _                   | . D  |                     |                       |                                       |                                  |
|   |           |                     | Signature of                                 | a member or author  | ized representative o | of a member                           |                                  |
|   |           |                     | -  |                     |                       |                                       |                                  |
|   |           | Lauren Barley       |  | Typed or printed    | name of signee        |                                       |                                  |
|   |           |                     |  | a ypen or printee   | , matter of signer    |                                       |                                  |
|   |           |                     |  |                     |                       |                                       |                                  |

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