To:

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email Add	dnace	

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APR 26 2024

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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	inpears on our records.)
(A Florida Limited Liability Com	pany)
The Articles of Organization for this Limited Liability Company were filed or	on 05/18/2018 and assigned
Florida document number 1.18000125604	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
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)	
	022

B. If amending the registered agent and/or registered office address on	our records, enter the name of the new regis
agent and/or the new registered office address here:	·FT
	72 22
Name of New Registered Agent:	, o
New Registered Office Address:	<u>5</u> 9
	er Florida street address
	. Florida
Circ	ZinCode

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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ginger Flesher	2601 NE 26th Ave	□Add
		Lighthouse Point, FL 33064	■ Remove
AMBR	AMBR Ginger Flesher Living Trust	2601 NE 26th Ave	■ Add
	Lighthouse Point, FL 33064	- -	
			□Change
			□Add
		Remove	
		🗅 Add	
		□Remove	
		□ Change	
		□Add	
		□Remove	
		□ Change	
		DAdd	
		Remove	

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From: David Thomas

To.

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