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| (Ře | equestor's Name) | |
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| Special Instructions to | Filing Officer: | |
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| aun ma | | er PLLC | | |
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| SUBJEC | ľ: | Name of Lim | ited Liability Company | |
| The enclo | O: Registration Section Division of Corporations Shane Carter PLLC Washe of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Hease return all correspondence concerning this matter to the following: Michael Shane Carter Name of Person Michael Shane Carter, PLLC Firm/Company PO Box 422 Address Archer, FL 32618 City/State and Zip Code shane.mico@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wichael Shane Carter Name of Person Area Code Daytime Telephone Number Senciosed is a check for the following amount: Circlosed is a check for the following amount: Securificate of Status Certified Copy (additional copy is enclosed) | | | |
| | | | | |
| | | Michael Shane Carter | | |
| | | | Name of Person | |
| | | Michael Shane Carter, PLI | C | |
| | | | Firm/Company | |
| | | PO Box 422 | | |
| | | | Address | |
| | | Archer, FL 32618 | | |
| | | | City/State and Zip Code | |
| | | | | |
| For furthe | er information c | | · | ouncation) |
| Michael S | Shane Carter | | * | |
| | Name o | f Person | Area Code Dayt | ime Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| □ \$25.0 | 00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | Mailing Addres Registration S | | Street Address: Registration S | Section |
|] | Division of C | Corporations | Division of C | orporations |
| | P.O. Box 632 Tallahassee, l | | The Centre of 2415 N. Mon | Tallahassee roe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| any as it now appears on our Liability Company) | records.) | |
| y were filed on 03/21/19 | and assigned | |
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| bility company here: | | |
| | | |
| ility Company," the designatio | n "LLC" or the abbreviation "L.L.C." | |
| 17821 SW 178 Ter | | |
| Archer, FL 32618 | | |
| DO D 422 | | |
| | · | |
| Archer, FL 32618 | | |
| address on our records, | enter the name of the new registe | |
| | | |
| Enter Florida street | address | |
| , Florida | | |
| | | |
| City | Zip Code | |
| | PO Box 422 Archer, FL 32618 address on our records, | |

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> | <u>Name</u> | Address | Type of Action |
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| fective date, if other than the done effective date is listed, the date must be term of the date inserted in this block current's effective date on the Deriver date of the date of th | be specific and cannot be prior | r to date of filing or more tha cable statutory filing requ | (optional) in 90 days after filing.) Pursuant to direments, this date will not be | o 605.0207 Flisted as |
| and the server of the Dep | | | | |
| ecord specifies a delayed effective | date, but not an effective t | ime, at 12:01 a.m. on the | earlier of: (b) The 90th day | after the |
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| ecord specifies a delayed effective is filed. ted | | · | | after the |