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(((H24000048284 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : 120040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RANDS, LLC

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FEB - 6 2024

ARTICLES OF AMENDMENT, TO	(((H 2 4000048284 3)))
ARTICLES OF ORGANIZATION OF	
Or .	•

RANDS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/30/2019}{1}$ and assigned Florida document number L19000116797 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 Company," the designation "LLC" or the abbreviation "LLC," 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_, Florida _

Feb. 05. 2024 10:27 AM #8229 P 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	RONALD FISH	4930 EXETER ESTATE LN	□Add
		WELLINGTON, FL 33449	≅Remove
			□Change
AMBR	SUSAN FISH	4930 EXETER ESTATE LN	□ Add
		WELLINGTON, FL 33449	Remove
AMBR	ALLEN PAKULA	219 BRIARWOOD DR	≣Add
		SOMERS, NY 10589	
			□Change
			□Remove
			□Change
			OAdd
			□ Remove
			Change
			□Add
			□Remove
			□Change

). If amending any other inform	mation, enter change(s) here: (Attach additional sheets, if necessor	ary.)
		
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(If an effective date is listed, the date in Note: If the date inserted in this	the date of filing:	ng.) Pursuant to 605.0207 (3)(
the record specifies a delayed effectord is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	2024	
/s/ NICOLE PAKUI		
	Signature of a member or authorized representative of a member	
NICOLE PAKULA		
	Typed or printed name of signee	