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To:	
	Division of Corporations Fax Number : (850)617–6383

From:

E.

Account Name Account Number		REGISTERED AGENTS 120090000081	INC.
Phone Fax Number	:	(307)200-2803 (855)330-1010	

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

En	nail Ac	ldress:		1.0	2022	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Privy Codes LLC (<u>Name of the Limited Lightlity Compa</u> (A Florida Limited I	ny as it now appears on our records.) (ability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000128594</u> .	were filed on <u>05/20/19</u>	_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:	7901 4th St N STE 300		
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33702		
The second the second second second second	7901 4th St N STE 300		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg, FL 33702		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	Northwest Registered	Agent LLC	Sec.	20	
New Registered Office Address:	7901 4th St N STE 300)		022 A.P	
<u>New Registered Office Addess</u> .		da street address	007@DT	128	- FI
	St. Petersburg	, Florida	33702	, Tr	-EO
New Registered Agent's Signature, if changing	Registered Agent:		STAT LORI	ي	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compare 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.

Ton Glove If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	PRIVY MANAGEMENT LLC	7901 4th St N STE 300	🗆 Add
		St. Petersburg, FL 33702	🗆 Remove
			☑ Change
			🗆 Add
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			🗆 Add
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			🗋 Add
			Remove
			□Change
			🗆 Add
			🗌 Remove
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			🗆 Add
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2. Effective date, if other than th (If an effective date is listed, the date mu	e date of filing:	(option	nal)
 (If an effective date is listed, the date me Note: If the date inserted in this h 	ust be specific and cannot be prior to da block does not meet the applicable	te of filing or more than 90 days after t statutory filing requirements, this	date will not be listed as the
document's effective date on the	Department of State's records.	, 0 ,	
the record specifies a delayed effecti cord is filed.	ive date, but not an effective time, a	at 12:01 a.m. on the carlier of: (b)	The 90th day after the
April 21	2022		
Dated April 21	. 2022 .		
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	Signature of a member of outborized	f representative of a member	start for service start is all the discussion
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