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| SUBJECT: | Name of Lim | ited Liability Company | | | | | |
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| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | | | |
| | LOVETTE DOBSON | | 2 | | | | |
| | | Name of Person | 150 PE | | | | |
| | INCFILE.COM LLC | | 2021 AUG -E | | | | |
| | | Firm/Company | | | | | |
| | 17350 STATE HWY 249 | STE 220 | PH 2: 13 OF STATE SSEE FL | | | | |
| | | Address | FE 13 | | | | |
| | HOUSTON, TX 77064 | | 111 | | | | |
| | PEU ELSSAGINGEN E AV | City/State and Zip Code | | | | | |
| | EFILE1234@INCFILE.CO E-mail address: (| to be used for future annual report no | tification) | | | | |
| For further information of | oncerning this matter, please c | • | | | | | |
| LOVETTE DOBSON | | 888 462-3453 | | | | | |
| Name o | of Person | at () Area Code Daytir | ne Telephone Number | | | | |
| Enclosed is a check for the | he following amount: | | | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | | |
| Mailing Address Registration S Division of C | Section | Street Address: Registration So Division of Co | | | | | |
| P.O. Box 632 | 27 | The Centre of | Tallahassee | | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LIMITED LIABILITY COMPA | <u> </u> |
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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

Zip Code

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> | <u>Address</u> | Type of Action |
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| fective date, if other than the n effective date is listed, the date must | be specific and | cannot be prior | to date of filin | g or more than 9 | (optiona 0 days after tili | i l) ng.) Pur: | suant to 605.02 |
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