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| Special Instructions to F | Filing Officer:  |             |
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SECRETARY COMPTE

2023 MAR -8 AM III :

### **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Name of Limited Liability Company   |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| Name of Person)  |
| Citus Nove Constitue J.L.C. Firm/Company   |
| 10/4 W Walant Ab   |
| City/State and Zip Code   |
| For further information concerning this matter, please call:   |
| Name of Person at (63) 427-446  Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$\$\$\$\$\$ Certified Copy (additional copy is enclosed) |

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



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|   | \\ .  | \ \ <                | 2023 MAR = 8 AM 11: 1            |
|---|---|----------------------|----------------------------------|
| CITY Mars Car   | 120 HUE   | J. T.                | * SECRETARY ()<br>TALLAHASSEE: * |
| (Name of the Limited Liability Co<br>(A Florida Lim                   | mpany as it now appe<br>ited Liability Company) | ars on our records.) | TALLAHASSEE                      |
|   |   | 2/2/2                |                                  |
| The Articles of Organization for this Limited Liability Comp          | oany were filed on _                            | <u>2/9/906</u>       | and assigned                     |
| Florida document number 1900/97747.                                   |   |                      |                                  |
| This amendment is submitted to amend the following:                   |   |                      |                                  |
| A. If amending name, enter the new name of the limited                | liability company l                             | nere:                |                                  |
| Frank (continue & state)  | ilekariose                                      | na LL                |                                  |
| The new name must be distinguishable and contain the words Plimited I |   |                      | r the abbreviation "L.L.C."      |
| Enter new principal offices address, if applicable:                   |   |                      |                                  |
| (Principal office address MUST BE A STREET ADDRESS                    | <u> </u>  |                      |                                  |
|   |   |                      |                                  |
|   |   |                      |                                  |
| Enter new mailing address, if applicable:                             |   |                      |                                  |
| (Mailing address MAY BE A POST OFFICE BOX)                            |   |                      |                                  |
|   |   |                      |                                  |
|   |   |                      |                                  |
| B. If amending the registered agent and/or registered off             | ice address on our                              | records, enter the   | e name of the new registered     |
| agent and/or the new registered office address here:                  |   |                      |                                  |
|   |   |                      |                                  |
| Name of New Registered Agent:   |   |                      |                                  |
| New Registered Office Address:  |   |                      |                                  |
| registered office radices.  | Enter Fl  | orida street address |                                  |
|   |   | , Floric             | da                               |
|   | City  | ,                    | Zip Code                         |

#### 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 |

| <u>Title</u> | <u>Name</u> | <u>Address</u>                          | Type of Action |
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| f an eff<br><u>Note:</u> | ive date, if other than the date of filing:   |
| e red<br>The             | ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| ated                     | Marcin 5. 2003.   |
|                          | Signature of a member of authorized representative of a member  |
|                          | Supplement of authorized representative of a member   |
|                          |   |