| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| то: | Registration Sec Division of Corp | | | | |
|----------------|--------------------------------------|--|--|----------------------|---|
| SUBJE | CT. | Eighteen | Hundred LLC | | |
| SOBIE. | | Name of Lim | sited Liability Company | · | |
| The end | closed Articles of A | mendment and fee(s) are sub | mitted for filing. | | |
| Please i | eturn all correspon | dence concerning this matter | to the following: | | |
| | | J | ames E Scott I | 11 | |
| | | | Name of Person | | |
| | | Eig | hteen Hundred | LLC | |
| | | Firm/Company | | | |
| | | 10752 Deerw | ood Park Bouleva | ırd, Suite 10 | O |
| | | | Address | · | |
| | | Jackso | nville, Florida 32 | 256 | |
| | City/State and Zip Code | | | | |
| | | E-mail address: (| to be used for future annual | report notification) | |
| For furt | her information cor | ncerning this matter, please c | all: | | |
| | Deborah G | 6. Radford | 201 | 562-0153 | 3 |
| | Name of I | Person | Area Code | Daytime Telepho | one Number |
| Enclose | d is a check for the | following amount: | | | |
| □ \$ 25 | 6.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl | | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address: Registration Se | | <u>Street A</u> d Registra | dress: | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | OF | |
|---|--|---|
| _ | Hundred LLC | 2024 OCT 20 PM - |
| (<u>Name of the Limited Liability C</u> (A Florida Lir | Company as it now appear mited Liability Company) | |
| The Articles of Organization for this Limited Liability Com | npany were filed on | August 13 2019 STATE and assigned |
| Florida document number <u>L19000205578</u> . | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | I liability company he | <u>re</u> : |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the de | esignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | -,. | |
| (Principal office address MUST BE A STREET ADDRES | 5.5) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | <u></u> | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | Mice address on our ro | ecords, enter the name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Flor | da street address |
| | | |
| | Cuy | Florida 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 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 |
|--------------|-------------------|------------------------|----------------|
| AMBR | James E Scott III | 7756 Highchair Ln | X Add |
| | | Jacksonville, FL 32210 | □Remove |
| | | | □ Change |
| | | | C]Add |
| | | - | 🗀 Remove |
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|). Il amending | g any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effective of Note: If the | te, if other than the date of filing: |
| the record spec cord is filed. | ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | October 24 2024 |
| | Signature of a member or authorized representative of a member |
| | Deborah G. Radford |
| | Typed or printed name of signee |

Filing Fee: \$25.00