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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			(
	lore, LLC (Ref 68157-003)		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rachel Schwankl		
		Name of Person	
	Bama, Guzy, & Steffen, L	.td.	
		Firm/Company	
	200 Coon Rapids Blvd NV	V, Ste 400	
		Address	
	Coon Rapids, MN 55433		
	City/State and Zip Code		
	rschwankl@bgs.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifi	cation)
	oncerning and matter, prease e		;
Rachel Schwankl		763 783-5131 at ()	
Name o	of Person	Area Code Daytime	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)
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	tion
Division of C	Corporations	Division of Corp	porations
P.O. Box 632		The Centre of Ta	allahassee Street, Suite 810
Tallahassee,	FL 34314	Z413 IV. MOHIOC	Succe, Suite 610

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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.

4: 15	
Shert Vine (Arw 10, 2025 18 04 ECT)	
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>	Address	Type of Action
			□Add
			Remove
			Change
			□Remove
			□ Change
			□ Remove
			□ Add
			□Change
			□ Add
			□ Remove
			Change
			🗀 Add
			□Remove
			Chamas.

ri amenung any ot	er information, enter change(s) here: (Atta	ion administration, y necessar	<i>7:</i> 7
<u>-</u>			-
			 -
	<u> </u>		
<u>- "</u>			
		<u> </u>	
			
			
If an effective date is list Note: If the date inse	er than the date of filing: d, the date must be specific and cannot be prior to date o ted in this block does not meet the applicable state on the Department of State's records.	(optional) f filing or more than 90 days after filing tutory filing requirements, this date	.) Pursuant to 605.0207 (3)
record specifies a do	ayed effective date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The	
	April 9 2025		2025 APR 22 PM
Dated	·		APR.
Shari Vinje (Ac	10, 2025 16 C4 EDT) Signature of a member or authorized rep	presentative of a member	22
	-	presentative of a method	
Shari R. V	ini.		j., 12

Filing Fee: \$25.00