## L19000262045

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ác                     | idress)            | ·           |
| (Ac                     | idress)            |             |
| (Ci                     | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

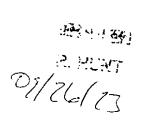
Office Use Only



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2023 SEP 26 PH 12: LO





## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## OSBURN ENTERPRISES, LLC

| (Name of the Limited Liability Co<br>(A Florida Limi  | mpany as it now appears on our records.) ted Liability Company)       |  |
|---|---|--|
| The Articles of Organization for this Limited Liability Comparing Horida document number L19000262045 | any were filed on 10/18/2019 and assigned                             |  |
| This amendment is submitted to amend the following:   |   |  |
| A. If amending name, enter the new name of the limited I  | iability company here:  |  |
| The new name must be distinguishable and contain the words "Limited Li                                | iability Company," the designation "LLC" or the abbreviation "L.L.C." | <b>-</b>                               |
| Enter new principal offices address, if applicable:   |   |  |
| (Principal office address MUST BE A STREET ADDRESS)   |   | _                                      |
|   | 20  | _ =                                    |
|   | 45  | - 50                                   |
| Enter new mailing address, if applicable:   | SEP.  | Ğ.                                     |
| (Mailing address MAY BE A POST OFFICE BOX)  | 120   | = ==================================== |
|   |   | _ `_;` *<br>;_;                        |
|   |   | - ġ.;                                  |
| B. If amending the registered agent and/or registered offic   | e address on our records, enter the name of the new registe           | red-                                   |
| agent and/or the new registered office address here:  | O   | <u>.</u> -                             |
|   |   |  |
| Name of New Registered Agent:   |   | _                                      |
| New Registered Office Address:  |   |  |
|   | Enter Florida street address  | -                                      |
|   | , Florida   |  |
| <del></del>   | City 7in 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>        | Address            | Type of Action  |
|--------------|--------------------|--------------------|---|
| MGR          | THRELKELD, JOEL A. | PO BOX 110565 #200 | □Add  |
| _            |                    | NAPLES, FL 34108   | Remove  |
|              |                    |                    | ☐ Change  |
|              |                    |                    | □ Add   |
|              |                    |                    | □Remove   |
|              |                    |                    | ☐ Change  |
|              |                    |                    | DAdd &  |
|              |                    |                    | □ Add 200 Signature Control C |
|              |                    |                    | □ Add 2828 SEP 26 PH 12: 40   |
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|              |                    |                    | □Remove   |
|              |                    |                    | Change  |

Principal State of the State of

| 2023  |
|---|
|   |
| 2023 SEP 26 PH 12: 4.C  |
|   |
| PH 12: 40   |
|   |
|   |
|   |
| E. Effective date, if other than the date of filing: September 25, 7023 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.   |
| Dated September 25, 2023  |
| Company them  |
| Signature of a member or authorized representative of a member  |
| Joel Threlkeld  Typed or printed name of signee   |

Filing Fee: \$25.00