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| (1                        | Requestor's Name)         | -            |
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|                           | Address)                  | <u> </u>     |
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|                           | O. 4. 104-4-4 (7) - 101-4 |              |
| (6                        | City/State/Zip/Phone #)   |              |
| PICK-UP                   | WAIT                      | MAIL         |
|                           |                           |              |
| (6                        | Business Entity Name)     |              |
|                           |                           |              |
|                           | Document Number)          |              |
|                           |                           |              |
| Certified Copies          | Certificates of           | Status       |
|                           |                           | <del></del>  |
|                           |                           |              |
| Special Instructions to I | Filing Officer:           |              |
|                           |                           |              |
|                           |                           |              |
|                           | J. HORNE                  |              |
|                           |                           |              |
|                           | SEP 14 2022               |              |
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Office Use Only



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| •                   | ition Section<br>of Corporations |                                     |   |                           |   |
|---------------------|----------------------------------|-------------------------------------|---|---------------------------|---|
| SUBJECT:            | ALOHA                            | MOVING                              | ted Liability Company                                   | ر کدد.                    |   |
|                     | ,                                | Name of Limi                        | ted Liability Company                                   |                           |   |
| The enclosed Arti   | icles of Amendme                 | nt and fee(s) are subi              | mitted for filing.                                      |                           |   |
| Please return all c | correspondence co                | ncerning this matter                | to the following:                                       |                           |   |
|                     |                                  | COD                                 | Y SELM/<br>Name of Person                               | tn)                       |   |
|                     |                                  |                                     | Name of Person  |                           |   |
|                     | AL                               | DHA MOU                             | Firm Company  | TORA GE                   | LLC.  |
|                     |                                  | 71 BAL                              | Address   | ANE                       |   |
|                     |                                  | PALM CO                             | AST FL City/State and Zip Co                            | . 3213 <sup>-</sup>       | 7   |
|                     |                                  |                                     | o be used for future annu                               |                           |   |
| For further inform  | nation concerning                | this matter, please ca              | 11:   |                           |   |
| C0D*                | 7 SELM<br>Name of Person         | AN                                  | at ( <mark>タ</mark> の母 )<br>Area Code                   | 230 - 73<br>Daytime Telep | hone Number   |
| Enclosed is a chec  | ck for the followin              | g amount:                           |   |                           |   |
| ☐ \$25.00 Filing    |                                  | 00 Filing Fee & rtificate of Status | ✓ \$55.00 Filing For Certified Copy (additional copy is |                           | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                     |                                  |                                     |   |                           |   |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

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

## ARTICLES OF AMENDMENT

## ARTICLES OF ORGANIZATION FUED

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|                |          | ARTICLE               | 3 OI       | ORGANIZA   | HON FILE           | ニワ          | •              |
|----------------|----------|-----------------------|------------|--|--------------------|-------------|----------------|
|                |          |                       |            | OF   | -                  | LJ          |                |
|                |          |                       |            |  | 2022 SEP 14        | ÁH IO- I    | 1.1            |
| ALE            | HA       | MOVING                | 4          | STODAGE  mpany as it now appear ted Liability Company) | - RECIEDA          | ···· 10. E  | <del>;</del> 4 |
| -              | (Name    | of the Limited Liabil | ity Co     | mpany as it now appear                                 | s'on our records.) | 97, 37,     |                |
|                |          | (A Florid             | a Limi     | ted Liability Company)                                 | 0[[                | · / ! · · · |                |
|                |          |                       |            |  | _ 1. 1.            |             |                |
| f Organization | for this | Limited Liability     | Compa      | any were filed on                                      | 02 (12 17          | 2065        | and as:        |
| nent number    | L20      | 1000DZHZ              | <u>. ۵</u> |  |                    |             |                |

| The Articles of Organization for this Limited Liabilit  | y Company were filed on         | 02/12/2020 ar                        | nd assigned            |
|---|---------------------------------|--------------------------------------|------------------------|
| Florida document number _ L200002H;   | · · · · —                       | ul                                   | Ki dəsiğiled           |
| Violida document number   | <u> </u>                        |                                      |                        |
| +his amendment is submitted to amend the following  | <b>;</b>                        |                                      |                        |
| . If amending name, enter the new name of the l   | imited liability company h      | ere:                                 |                        |
| the new name must be distinguishable and contain the words "  | Limited Liability Company," the | designation "LLC" or the abbreviati  | ion "L.L.C."           |
| Enter new principal offices address, if applicable:   |                                 |                                      | <u> </u>               |
| Principal office address MUST BE A STREET AD  | DRESS)                          |                                      |                        |
|   | <del></del>                     |                                      |                        |
|   |                                 |                                      |                        |
| Enter new mailing address, if applicable:   |                                 |                                      |                        |
| Mailing address MAY BE A POST OFFICE BOX  |                                 |                                      |                        |
|   | -                               |                                      | <u></u>                |
|   |                                 |                                      |                        |
| . If amending the registered agent and/or registered agent and/or the new registered office address her | red office address on our r     | records, <u>enter the name of th</u> | <u>e new registere</u> |
| Serie and/or the new registered office address her  | <u>c</u> .                      |                                      |                        |
| Name of New Registered Agent:   |                                 |                                      |                        |
| Name of New Registered Agent.   |                                 |                                      |                        |
| New Registered Office Address:  | Every Ell                       | rida street address                  |                        |
|   | Enter Pio                       | riau street address                  |                        |
|   | <del>_</del>                    | , Florida                            |                        |
|   | 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

MGR = Manager

AMBR = Authorized Member

| T <u>itle</u> | <u>Name</u>     | Address               | Type of Action     |
|---------------|-----------------|-----------------------|--------------------|
| AMBR          | JAY KANEKOH     | ZSBY TARTUS DZ.       | □Add               |
|               |                 | JACKSONVILLE, FL 3224 | Remove             |
|               |                 |                       | □Change            |
| AMBR          | ASHLEY WIGHTMAN | 71 BALTIMORE LN.      | <b>⊻</b> ∕\dd      |
|               |                 | PALM COAST, FL. 32137 | □Remove            |
|               |                 |                       | □Change            |
| MBR           |                 | MICHAEL RICHARDSON    | 🗹 Add              |
|               |                 | 3135 DONHURST ST.     | □Remove            |
|               |                 | JACKSONVILLE FL. 3227 | <u>1</u> _ □Change |
| <del> </del>  |                 | <del></del>           | □ Add              |
|               |                 |                       | □Remove            |
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| Note: If the o                   | e, if other than the date on the is listed, the date must be speciate inserted in this block does fective date on the Department. | s not meet the applic  | able statutory filing re   | optional (optional han 90 days after filing quirements, this date | )<br>3.) Pursuant to 605.0207 (<br>c will not be listed as t |
| ne record speci<br>ord is filed. | ies a delayed effective date. I   | but not an effective t | ime, at 12:01 a.m. on t    | he earlier of: (b) T  | he 90th day after the  |
| Dated 14                         | of SEPTEMP  | SER, <u>2</u> 922      | ·                          |   |  |
|                                  |   | 1                      |                            |   |  |
|                                  | Signatu   | re of a member or auth | orized representative of a | member  | <del></del>  |
|                                  | C.  | ady sela               | AN ed name of signee       |   |  |