Division of Corporations

Florida Department of State Diffeion of Corporations

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To:

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Division of Corporations

Fax Number : (850)617-6363

Prom:

Account Name : LEGALZOOM.COM INC. Account Number : 120010000062 Prone : (323)962-8600 Fax Number : (323)962-3869

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SEAHAGAE PLLC**

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Registration Section -

TO:

COVER LETTER

| Div | isien of Corp | porations | | |
|---------------|-----------------|---|---|---|
| CUD IECT. | SEAHAGA | E PLLC | | |
| SUBJECT: | | Name of Limit | ed Liability Company | |
| The enclosed | f Articles of a | Amendment and fee(s) are subir | nitted for filing. | |
| Please return | all correspon | ndence concerning this matter to | o the following: | |
| | | Cheyenne Moscley | | |
| | | | Name of Person | · |
| | | Legalzoom.com, Inc. | | |
| | | | Firm/Company | |
| | | 101 N Brand Blvd 11th Fl | | |
| | | | Address | |
| | | Glendale, CA 91203 | , | |
| | | | City/State and Zip Code | |
| | | JTBsr@SeahagAE.com E-mail address: (to | o be used for future annual report no | tification) |
| For further i | nformation c | oncerning this matter, please ca | II: | |
| Cheyenne N | Moseley | | 800 773-0888 at () | |
| | Name o | f Person | Area Code Dayti | nic Telephone Number |
| Enclosed is | a check for t | he following amount: | | |
| | | S30.00 Filing Fee & Certificate of Status | S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | ING ADDRESS: | STREET/COUR Registration Sect | RIER ADDRESS: |

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limite</u> (| d Liability Compan A Florida Limited Li | y as it now appears on o lability Company) | ur records.) |
|--|--|---|---|
| The Articles of Organization for this Limited Lia | ibility Company v | were filed on <u>06/19/20</u> | and assigned |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, enter the new name of | the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the we | ords "Limited Liabili | ty Company," the designa | tion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ıble: | 520 SE 5th Ave., Ap | . 3407 |
| (Principal office address MUST BE A STREET ADDRE | | Fort Lauderdale, FL 33301 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I | <u>3<i>0X</i>)</u> | 520 SE 5th Ave., Ap Fort Lauderdale, FL | |
| B. If amending the registered agent and/or the new registered of | or registered of fice address here | Tice address on our | records, enter the name of the |
| | | c | |
| Name of New Registered Agent: | John Thomas B | oyer St. | |
| | John Thomas B 520 SE 5th Ave | e., Apt. 3407 | |
| Name of New Registered Agent: | | e., Apt. 3407 Enter Florida s | rees address , Florida 33301 |

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.

John Thomas Boyer Sr.

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> | Name | Address | Type of Action |
|--------------|------------------|---|----------------|
| AMBR | BOYER, JOHN, Sr. | | □ Add |
| | | | ☐ Remove |
| | | 520 SE 5th Ave., Apt. 3407 Fort Lauderdale, FL 33301 | |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | |
| | | | Remove |
| | | | ☐ Change |
| | | | |
| | | | Remove |
| | | | ☐ Change |
| | | | [3] Add |
| | | | Remove |
| | | | ☐ Change |
| | | | |
| | | | Remove |
| | | | Change |

D.

| | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-------------------|--|
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| <u>Note:</u> lf t | date, if other than the date of filing: ye 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)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the s effective date on the Department of State's records. |
| the record | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ith day after the record is filed. |
| Dated | JUNE 28 2022 |
| | Signature to imber or Juthorized representative of a member |
| | John Thomas Boyer St. |
| | Typed or printed name of signee |

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Filing Fee: \$25.00