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| Certified Copies | _ Certificates o | of Status |
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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

TO ARTICLES OF ORGANIZATION OF

| (A rionda Limited | Liability Company) |
|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L2000 91525</u> . | were filed on Tuy 065, 2020 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | pility company here: |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 5914 Nashville Ave Pensacola, Fc, 32526 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 5914 Nashville Ave & Pensacola, Fl, 32526 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new registered |
| Name of New Registered Agent: Hmber | Accardi |
| New Registered Office Address: 5914 | Nashville Ave Enter Florida street address |
| Penso | Horida Street dadress Horida 3252.6 |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

| 'ar removed | from our records: | ф· | |
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| fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date ote: If the date inserted in this block does not meet the applicable st becument's effective date on the Department of State's records. | (optional) of filing or more than 90 days after filing.) Pursuant to 60: natutory filing requirements, this date will not be list |
| record specifies a delayed effective date, but not an effective time, at is filed. | 12:01 a.m. on the earlier of: (b) The 90th day after |
| ated July 06th . 2000. | |
| | |