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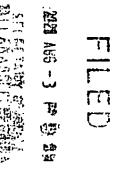
| (Requestor's Name) | |
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| PICK-UP WAIT | MAIL |
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| Certified Copies Certificates of Status | i |
| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: Registratio Division of | on Section f Corporations | | | | | | |
|---------------------------------|--------------------------------------|---|--|--|--|--|--|
| SUBJECT: | FUGITT ENTER Name of Limi | Prises LLC | ····· | | | | |
| | same of Entire | eet Gaomy Company | | | | | |
| The enclosed Article | s of Amendment and fee(s) are subr | nitted for filing. | | | | | |
| Please return all corr | espondence concerning this matter t | o the following: | | | | | |
| | NATO | 14N FuGitt Name of Person | | | | | |
| | | Name of Person | | | | | |
| | FLGITT EN | TERPRISES LLC Firm/Company | | | | | |
| | | Firm/Company | | | | | |
| | 10399 Tonce | Address | | | | | |
| | <u>ENGLEWOO</u> | OFC 34224 City/State and Zip Code F © 9 ma. 1- con o be used for future annual report notifi | | | | | |
| | Nathan fug, t | o be used for future annual report notifi | cation) | | | | |
| For further informati | on concerning this matter, please ca | 11: | | | | | |
| NATHAN F | me of Person | at (991) $218-3$ Area Code Daytime | 3156 Telephone Number | | | | |
| Enclosed is a check t | for the following amount: | | | | | | |
| \$25,00 Filing Fe | - | ☐ \$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 Ad</u> Registrati | dress: on Section | <u>Street Address:</u> Registration Sec | tion | | | | |

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited L.) (A F | ファイアルンとSiability Company as it | how appears on our | records.) | |
|--|--------------------------------|------------------------|-----------------------------|----------------------|
| (A F | lorida Limited Liability | Company) | | |
| The Articles of Organization for this Limited Liabil | ity Company were f | led on July a | 22,7020 | _ and assigned |
| Florida document number <u>L 20060 ZI44 35</u> | <u>-</u> , | · | | |
| This amendment is submitted to amend the following | ig: | | | |
| A. If amending name, enter the new name of the | limited liability co | mpany here: | | |
| The new name must be distinguishable and contain the words | "Limited Liability Com | pany." the designation | "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable | ·: | | | |
| (Principal office address MUST BE A STREET A | DDRESS) | ············ | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BO) | () | | ŦŃ.,. | res . |
| | | . , | Test 18 | |
| | | | 35 T | |
| B. If amending the registered agent and/or regis | | s on our records, g | enter the name o | fulle new registered |
| agent and/or the new registered office address he | <u>ere</u> : | | 7.54 1.54 1.55 (1.64) | 75 |
| N | | | | ्य <u>ा</u> |
| Name of New Registered Agent: | | | inter- | <u> </u> |
| New Registered Office Address: | | r. r | | |
| | | Enter Florida street | address | |
| _ | Cit | 1. | Florida | Zip Code |
| | CH | • | | zaj come |

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------|------------------------------------|------------------|
| AMBR | NATHAN FUGITT | 10399 TORLEY AUG, ENGLEWOOD, FL 34 | <u>224</u> XiAdd |
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| ective c | date, if other | than the date | of filing: | : 8/ | 28/202 | 20 | (0 | ptional) | |
| | | | | | | | | | ursuant to 605.02 ill not be listed |
| | s effective date | | | | | | • | | |
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| cord spe s filed, | ecities a delaye | d effective dat | e, but not a | an effective | time, at 12: | :01 a.m. on t | he earlier o | f: (b) The ' | 90th day after th |
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