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Division of Corporations

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From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 : (844)449-3624

: (512)597-0678 Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CANOPY MANAGEMENT CONSULTING GROUP LLC

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JAN 15 2025

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## 2025-01-15 07:49:57 UTC+14 18506176383 ARTICLES OF AMENDIVIEN I TO ARTICLES OF ORGANIZATION OF

Erom: ZenBusiness User
2025 JAN II. D.
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CANOPY MANAGEMENT CONSULTING GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/22/2020}{}$ and assigned Florida document number 1.20000298447 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3512 Maciay Blvd S Tallahassee, FL 32312 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 3512 Maclay Blvd S Tallahassee, FL 32312 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_ 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

or removed from our records:	
MGR = Manager AMBR = Authorized Member	
<u>Title Name</u> <u>Address</u> <u>Type of Action</u>	
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(1) <u>!</u>	Note: If the date inserted in this	he date of filing:	(optional) ing or more than 90 days after filing.) Pursus ory filing requirements, this date will no	ont to 605.9207 (3)(b) It be listed as the
	ne record specifies a delay The 90th day after the r	red effective date, but not an effect ecord is filed.	ctive time, at 12:01 a.m. on the	e earlier of:
Γ	Dated January 14	2025		
	/s/ Brian Swords			
		Signature of a member or authorized repres	entative of a member	
	Brian Swords			
		Typed or printed name of si	ignee	

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