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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: | Registration Se Division of Cor | | |
|-----------------|------------------------------------|--|--|
| SUBJI | ECT: | All Exclusive Name of Lin | mited Liability Company |
| The en | closed Articles of A | Amendment and fee(s) are su | bmitted for filing. |
| Please | return all correspon | ndence concerning this matte | r to the following: |
| | | Lung N | Name of Person |
| | | | Firm/Company |
| | | 8324 VI | Address |
| | | Win derme | City/State and Zip Code |
| | | Allexch | (to be used for future annual/report notification) yuhuu. Lur |
| For fur | ther information co | oncerning this matter, please of | call: |
| | -OIT AND Name of | L/acklin Person | at (708) 2.50 - 4.559 Area Code Daytime Telephone Number |
| Enclose | ed is a check for the | e following amount: | |
| □ 2 \$2: | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration S | | Street Address: Registration Section |
| | Division of Co | | Division of Corporations |
| | P.O. Box 6327 | 1 | The Centre of Tallahassee |
| | Tallahassee, F | L 32314 | 2415 N. Monroe Street, Suite 810 |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our records.) bility Company) |
|--|---|
| The Articles of Organization for this Limited Liability Company w Florida document number 12000304302 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability | ty company here: |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 2 |
| (Principal office address MUST BE A STREET ADDRESS) | 20 8 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | FILED 0V-9 PH 12: 27 |
| B. If amending the registered agent and/or registered office addagent and/or the new registered office address here: | dress on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , 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

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> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|---|------------------------|
| MGR | Larry McCraullin | 8324 Viraro Isle Way Windermere FL 34786 | QAdd |
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| Effective date, if other th | nan the date of | filing: | 1 | 6.511 | (op | tional) | |
| f an effective date is listed, the Note: If the date inserted in | n inis block does | inot meet the | applicable s | e of fiting or mor tatutory filing | e than 90 days aft requirements, th | er filing,) Purs nis date will: | suant to 605,020 not be listed a |
| document's effective date of | on the Departmen | it of State's r | ecords. | | | | |
| record specifies a delayed d is filed. | effective date, b | ut not an effe | etive time, a | t 12:01 a.m. on | the earlier of: | (b) The 90t | h day after the |
| Dated 11-4-202 | 0 | ; | · | | , | | |
| | Signature | | or authorized | CADO | a member | | |
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