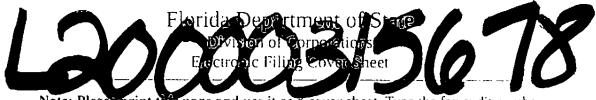
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

vannual report mailings. Enter only one email address please → \*\*\* ≦⊴Email Address:\_

## គដ្ឋLLC AMND/RESTATE/CORRECT OR M/MG RESIGN WRITTENINSPIRED LLC

\*\*Enter the email address for this business entity to be used for future

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T. LEMIEUX

H4AR 2 0 2024

Electronic Filing Menu Corporate Filing Menu

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.)ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/06/2020	and assigned
Florida document number L20000315678		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	<del></del> .
Management by Milder Control of the Brown		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the new regis
		<b>202</b> SEI
Name of New Registered Agent:		2024 MAR SEC   ETT
New Registered Office Address:		
	Enter Florida street address	; 0 ,-
	Florida	<u>19</u> ₹ 11
	. *-	
New Registered Agent's Signature, if changing Registered Agent:	City	S Znewle

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.

3/19/2024 09:45:40 PDT To: 18506176383 Page: 3/4 Fax: 8134365206

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
			□Add
			□Remove
		<del></del>	DChange
			□Remove
			☐ Change
			□Add
			□Remove
			∏Add
		****	□Remove
		,,,,,	□Change
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			C)Remove
			□Change
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		<del></del>	□Remove
			FiChanga

3/19/2024 09:45:40 PDT . . . Ta: 18506176383 Page: 4/4 Fax: 8134365206 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Update EIN: 92-1363304

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	<del></del>			
Note: If the document?	e date inserted in this bl reffective date on the D	ock does not meet the applicable statu epartment of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605, atory filing requirements, this date will not be liste. 2:01 a.m. on the earlier of: (b)—The 90th day after.	ed as the
record is filed.				
Dated	9	2024		
	Robin	2024  ANALY  Signature of whiember or authorized repr		
		/Signature of a/member or authorized repr	resentative of a member	
	Robin Jones			
		Typed or printed name o	of signee	