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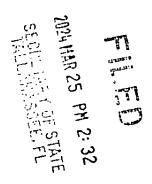
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COVER LETTER

то:	Registration Sec Division of Corp		ēr-,	
SUBJI	ECT: M2SC, LLC	Name of Lim	ited Liability Company	
			,	
The en	iclosed Articles of A	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Matthew Young Name of Person M2SC, LLC Firm/Company P.O. Box 7123 Address Tampa, FL 33603 City/State and Zip Code ra@m2sc.com E-mail address: (to be used for future annual report notification)		
Please	return all correspon	ndence concerning this matter	to the following:	
		Matthew Young		
			Name of Person	
		M2SC, LLC		
			Firm/Company	
		5 G 1: 440		
		P.O. Box 7123	Address	
		Tampa, FL 33603		
			City/State and Zip Code	
		_	to be used for future annual report notification)	
For fu	rther information co			
Matth	ew Young		at (813) 267-5597	
		f Person	Area Code Daytime Telephone	Number
Enclos	sed is a check for th	ne following amount:		
≡ \$3	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street. S Tallahassee, FL 32303	25 PM 2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M2SC, LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L20000328912</u> .	were filed on 10/16/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "LLC."
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)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida Vin Forta
New Registered Agent's Signature, if changing Registered Agent:	City SZip Cale
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is.

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	Camille Young	4310 Reynolds Knoll Pl, Plant City, Fl. 33563	= Add
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Note: If the date inserted in this blo locument's effective date on the De record specifies a delayed effective d is filed.		n effective tim	ne, at 12:01 a.m.	on the earlier		SECRETATION		
Note: If the date inserted in this block locument's effective date on the Detective date of the Detective date of the Detective distribution of the Detectiv	date, but not a	n effective tim	ne, at 12:01 a.m.				2024 MAR	C

Filing Fee: \$25.00