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· TO:

Registration Section Division of Corporations

The enclosed Articles of Amendment and fe	g this matter to the following:
The enclosed Articles of Amendment and fe	g this matter to the following:
Please return all correspondence concerning	
Christopher W	ideman
	Name of Person
Wideman Con	npany, LLC
	Firm/Company
333 South Gar	land Avenue Suite 1300
	Address
Orlando, Florio	da 32801
	City/State and Zip Code
cw@widemanll	
E-n	nail address: (to be used for future annual report notification)
For further information concerning this mat	ter, please call:
Christopher Wideman	407 451-5422 at ()
Name of Person	at ()
Enclosed is a check for the following amount	nt:
□ \$25.00 Filing Fee ■ \$30.00 Filing Certificate	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2200 21 May The Wideman Company, 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 $\frac{11/02/2020}{1}$ Florida document number <u>L2000</u>0336435 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 "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 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 ______ 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 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	Stephan Michael Neveleff	PO Box 953578 Lake Mary, FL 32795	□Add
			■Remove
			□Change
			□Add
			□Remove
			□Change
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ective date, if other than the c	late of filing:		(option	al)
effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be pri		ore than 90 days after fil	ing.) Pursuant to 605,020
ument's effective date on the De				
cord specifies a delayed effective	date, but not an effective	time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
s filed.				
September 27	2024			
ed	·	·		
	Signature of a member of au	thofized representative	of a member	<u> </u>