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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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| TO: Registration Se Division of Cor | | | | |
|--|--|---|--|---|
| SUBJECT: MCCYC | Name of Lim | Aluminum U ited Liability Company | <u>C</u> | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing, | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Austin Mica | Name of Person | | |
| | M'cray Sc | Yeln Ond Phylic Firm/Company | um LCC | |
| | URZ3 Mar | Many Blvcl | | |
| | Bunne | City/State and Zip Code | 7673 APR 17 | • |
| | MUY W SYL E-mail address: (| to be used for future annual report notifi | (cation) | |
| For further information of | concerning this matter, please ca | all: | 20 20 | |
| Austin Mame o | of Person | at (<u>380)</u> <u>5 260</u> Area Code Daytime | 1-S319 Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| □ \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Addre Registration | Section | Street Address: Registration Sec | | |
| Division of C | | Division of Con | | |
| P.O. Box 632 Tallahassee. | | The Centre of Ta 2415 N. Monroe | allanassee Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MCCOY SCIEN ONG (Name of the Limited Liability Co | ompany as it now appears on inted Liability Company) | bur records.) | | |
|--|--|-----------------------------|-------------|---------------|
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L2000346576</u> ! | pany were filed on 10) | 2912020 | _ and ass | igned |
| 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 l | Liability Company," the design | ation "LLC" or the abbre | viation "L. | L.C." |
| Enter new principal offices address, if applicable: | | | 1-3 (2) | |
| (Principal office address MUST BE A STREET ADDRESS | <u></u> | · . | 3 1.12. 17 | |
| Enter new mailing address, if applicable: | | | 73 | 2 |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u></u> | 20 | |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | fice address on our recor | ds, <u>enter the name o</u> | f the nev | v registered |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Florida si | reet address | | - |
| <u> </u> | | , Florida | | |
| | Ciņ | | 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> | Name | Address | Type of Action |
|--------------|-----------------|------------------------------------|----------------|
| ile Presiden | t Dylan Dulaney | 762 Leeward Dr. Deltona 7632738 | XAdd |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Dyon (Ville President) |
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| E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| record is filed. |
| Dated <u>April 14</u> . 2023 |
| Marko, W/ Col |
| Signature of a member or authorized representative of a member |
| 20 × 20 |
| Typed of printed name of signee |