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| Special | Instructions to | o Filing C | Officer. | | |
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

NAME: D5 MANAGEMENT SERVICES, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

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| | Registration Se Division of Cor | | | | |
|-----------------------------------|------------------------------------|--|---|---|--|
| SUBJEC | | GEMENT SERVICES, LLC | | | |
| Name of Limited Liability Company | | | | | |
| The enclo | sed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please ret | urn all correspo | ndence concerning this matter | to the following: | | |
| | | Brian Ware | | | |
| | | | Name of Person | = • | |
| | D5 MANAGEMENT SERVICES, LLC | | | | |
| | Firm/Company | | | | |
| | | 10991-54 San Jose Blvd. | | | |
| | | | Address | | |
| | | Jacksonville, FL 32223 | | | |
| | | | City/State and Zip Code | | |
| | | brianleeware@gmail.com | - | | |
| | | | to be used for future annual report noti | fication) | |
| For furthe | r information co | oncerning this matter, please ca | all: | | |
| Adrian R | ust, Esq. | | 904 232-7202 | | |
| | Name of | Person | at () Area Code Daytim | e Telephone Number | |
| Enclosed | is a check for th | e following amount: | | | |
| ■ \$25.0 | 0 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Docusign Envelope ID: 69D:1B15E-80A6-4B3F-A0D0-AD2FD4A4EEAB

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 SEP 11 ED AM 9:21

D5 MANAGEMENT SERVICES, 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 I | iability Company v | were filed on 11/05/20 | and assigned |
|--|--|--------------------------|---|
| Florida document number L20000352167 | · | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liabil | lity company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabili | ty Company," the designa | tion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | |
| (Principal office address MUST BE A STREA | <u>ET ADDRESS)</u> | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | |
| | | - | |
| B. If amending the registered agent and/or | *1,5 | ddress on our record | ls, enter the name of the new register |
| agent and/or the new registered office addre | ess here: | | |
| Name of New Registered Agent: | Adrian Rust, Esc | 1 . | |
| | c/o Burr & Forman, LLP, 50 N. Laura Street, Suite 3000 | | |
| New Registered Office Address: | Enter Florida street address | | |
| | Jacksonville | | , Florida |
| | | City | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | | |

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.

— signes by. Adrian Rust — 167138610818611

If Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID: 69D1B15E-80A6-4B3F-A0D0-AD2FD4A4EEAB in amending Authorized rerson(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 |
|----------------|---|---------|----------------|
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| Note: 1 | te date, if other than the date of filing: |
| e record rd is file | 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 d. |
|) Dated | 0/10/2024 |
| _ | Docudigned by, |
| | Brien Warr -175007005582488 |
| | Signature of a member or authorized representative of a member |
| | |

Filing Fee: \$25.00

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| Division of Cor | | | | | |
|-----------------------------|---|--|---|--|--|
| D5 MANA | GEMENT SERVICES, LLC | | | | |
| SUBJEÇT: | Name of Lim | ited Liability Company | . | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | Brian Ware | | | | |
| | | Name of Person | | | |
| | D5 MANAGEMENT SERVICES, LLC | | | | |
| | Firm/Company 10991-54 San Jose Blvd. | | | | |
| | | | | | |
| | Address | | | | |
| | Jacksonville, FL 32223 | | | | |
| | | City/State and Zip Code | | | |
| | brianleeware@gmail.com E-mail address: (| to be used for future annual report noti | fication) | | |
| For further information c | oncerning this matter, please c | all: | | | |
| Adrian Rust, Esq. | | 904 232-7202 at () | | | |
| Name o | f Person | Area Code Daytim | e Telephone Number | | |
| Enclosed is a check for the | he following amount: | | | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed | | |
| Mailing Address | | Street Address: | ari | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303