## L21000032690

| (Re                                     | equestor's Name)  |             |  |  |
|---|-------------------|-------------|--|--|
| (Ad                                     | ldress)           |             |  |  |
| (Ad                                     | ldress)           |             |  |  |
| (Cit                                    | ty/State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
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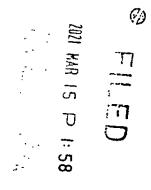
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## **COVER LETTER**

| TO: Registration Sect<br>Division of Corpo |   |   |  |     |
|--|---|---|--|-----|
| SUBJECT:                                   | SOV Parker                                | Soft & falcy  | a CLC  |     |
|  | , value of issue                          | med Statistics Sampany  |  |     |
| The enclosed Articles of A                 | mendment and fee(s) are sub               | mitted for filing.  |  |     |
| Please return all correspond               | dence concerning this matter              | to the following:   |  |     |
|  |   | Son ferker<br>Name of Person  |  |     |
|  | Joion                                     | Parker Soff + 1 Pirm/Company  | tascia   |     |
|  | 221 procts                                | Address   | 3770   |     |
|  | Melhourne  TPsoffit  E-mail address:      | Fescia @ Yah 60.  |  |     |
| For further information con                | cerning this matter, please ca            | all:  |  | Ø   |
| Name of P                                  | Parker                                    | at (32) (620) Area Code Daytim                                      | - \$241 \$\frac{1}{2}\$ e Telephone Number \$\frac{1}{2}\$           | 111 |
| Enclosed is a check for the                | following amount:                         |   | . 0  | Ö   |
| □ \$25.00 Filing Fee                       | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |     |
| Mailing Address:                           |   | Street Address:   |  |     |

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Jason Parker  | Solfit & tessies   | Cla   |  |  |  |
|---|--|---|--|--|--|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited                                    | iny as it now appears on our records.)  Liability Company) |   |  |  |  |
| The Articles of Organization for this Limited Liability Company Florida document number $86-146053$ . | were filed on $1-14-21$                                    | and assigned                                      |  |  |  |
| This amendment is submitted to amend the following:   |  |   |  |  |  |
| A. If amending name, enter the new name of the limited liab   | ility company here:  |   |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabi                             | lity Company," the designation "LLC" or the                | aboreviation "L.L.C."                             |  |  |  |
| Enter new principal offices address, if applicable:   | 221 Kroctor  | Dr_   |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   | # 8213 Melbon  | None FC.  |  |  |  |
|   | <u>32904</u>   |   |  |  |  |
| Enter new mailing address, if applicable:   | Samle  |   |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | 702   |  |  |  |
| B. If amending the registered agent and/or registered office  | address on our records, enter the n                        | ame of the new registered                         |  |  |  |
| agent and/or the new registered office address here:  | •.   | D [17   |  |  |  |
| Name of New Registered Agent:   | <u> </u>   | <del>- :-                                  </del> |  |  |  |
| New Registered Office Address:  | Enter Florida street address                               | <u> </u>  |  |  |  |
|   | , Florida  |   |  |  |  |
|   | City   | 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 **Type of Action** Address Title <u>Name</u> 221 Pructor Dr # 8213 DAdd

Milbarry FC 32904 DRemove Remove ☐ Change T \_\_ | Cliange  $\square$ Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_ □Add \_\_\_\_\_\_Remove 

. . -. . . .