## Florida Department of State Division of Consorations Breefrone Filling Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ... ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company	ov as it now annears on our records	()
(Name of the Limited Liability Compa- (A Florida Limited L	inhility Company)	<b>E</b> 1
The Articles of Organization for this Limited Liability Company	04/09/2021 were filed on	and assigned
Florida document number L21000152764		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	iry Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		75 24 T
		Fr. A
		9 F
Enter new mailing address, if applicable:		SC T
(Mailing address MAY BE A POST OFFICE BOX)		<b>元</b> (7) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
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B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	iddress on our records, <u>enter</u>	the name of the new register
New Registered Office Address:		
	Enter Florida street addres	3
was out to appropriate to	, Fl	orida
		Zip Coae
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr 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 company has been notified in writing of this change.	performance of my duties, as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
If Cha	nging Registered Agent, <u>Signature</u>	of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

From: David Thomas

## or removed from our records:

To:

MGR ≠	Manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
VP	Jay Greyson	****	DAdd
		100 S Ashley Dr., Suite 2250 TAMPA, Fl. 33602	
			DChange
Manager	Tammy Livers	569 Stuart Lane, Jacksonville, FL 32254	
			□Remove
			Change
Manager	Jerome Baniol	4400 Leeds Avenue, Suite 500 Charleston, SC 29405	© Add
			□Remove
	•		_ OChange
Manager	Peter Bruhn	4400 Leeds Avenue, Suite 500 Charleston, SC 29405	@Add
			⊡Remove
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From: David Thomas

Typed or printed name of signee