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T. MATTHEWS FEB - 1 2022

COVER LETTER

Division of Co	rporations				
SIXX APP SUBJECT:	EAL LLC				
JOBSECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Wayne Jackson				
		Name of Person			
	SIXX APPEAL LLC				
		Firm/Company			
	3425 BAYSIDE LAKES BLVD SE STE 103 PMB 1008				
		Address			
	PALM BAY, FL. 32909				
		City/State and Zip Code			
	jacksonwayne97@gmail.com				
		o be used for future annual report notifica-	ation)		
For further information of	oncerning this matter, please ca	dl:			
Wayne Jackson		321 9149250			
Name o	f Person	at ()	elephone 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 Address:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

22 111 01 111 3: 18

SIXX APPEAL LLC				
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Company Florida document number 1.21000171062	were filed on $\frac{04/13/202}{}$	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:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."		
Inter new principal offices address, if applicable:	3425 BAYSIDE LAKES BLVD SE			
Principal office address MUST BE A STREET ADDRESS)	STE 103 PMB1008			
	PALM BAY, FL. 3290	9		
inter new mailing address, if applicable:	3425 BAYSIDE LAKI	ES BLVD SE		
Mailing address MAY BE A POST OFFICE BOX)	STE 103 PMB 1008			
	PALM BAY, FL. 32909			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records Enter Florida stre			
		, Florida		
	Cîty	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
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
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an effective of lote: If the	date is listed, the	e date must be sp	eerne and can oes not meet	not be prior to c the applicable	late of filing or me	ore than 90 day:	s after filing.) Pu	rsuunt to 605.0207 I not be listed as t
record speci l is filed.	fies a delayed	d effective date	, but not an	effective time	, at 12:01 a.m.	on the earlier	of:(b) The 90	Ith day after the
ated								
atcd		Signa	- VCC	/- 308	yd representativo	of a number	11/21/2	012