L2/00206536

| (Re | equestor's Name) | |
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| (Ac | ldress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corpor | | | · |
|----------|---|---|---|--|
| SUBJE | ст: <u>Endles</u> | S Possibilitie | S Engraving Led Liability Company | <u>LC</u> |
| The end | losed Articles of Arr | nendment and fee(s) are subm | nitted for filing. | |
| Please r | eturn all corresponde | ence concerning this matter to | o the following: | |
| | | Crutal | Watson Name of Person | |
| | | | Firm/Company | |
| | | 7 Press h | Address | ······································ |
| | | | | 44 |
| | - | C(Watson 85 | City/State and Zip Code Obe used for future annual report notifications. | tion) |
| For furt | her information conc | erning this matter, please cal | | |
| <u> </u> | Name of Pe | tsun Prson | at (<u>850</u>) <u>960-0</u> Area Code Daytime To | 784 Elephone Number |
| Enclose | d is a check for the f | ollowing amount: | | |
| ik 525 | .00 Filing Fee | S30.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000 20 (453 (4</u>) | y were filed on <u>5</u> | -3-2021 | and assigned |
|---|----------------------------|-----------------------------|-----------------------|
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lia | bility company here | : | |
| The new name must be distinguishable and contain the words "Limited Liab | pility Company," the desig | gnation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our reco | ords, <u>enter the name</u> | of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida | street address | |
| | | , Florida | |
| | City | , | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | <u>t:</u> | | |

٦.

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 liabilitis 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 |
|--------------|------------------|---------------|----------------|
| AR | Cristal Watson | 7 Press Way | □Add |
| | | Palm Coast Fr | □Remove |
| | | 32164 | □Change |
| AR | Johnathan Watson | 7 Press Way | 🗆 Add |
| | | Palm Coast Fr | XRemove |
| | | 31144 | □Change |
| | | | □Add |
| | | | □ Remove |
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| Effective date, if other than the date of filing: (Optional) (Oran 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 695 0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed offective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed. Dated July 30 2024 Signature of a member or authorized representative of a member Cristal Watson Typed or printed name of signee | | | | | - | | | |
|---|---|--|---|--|----------------------|--|---|----------------------------------|
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Filing Fee: \$25.00