Division of Corporations

Florida Department of State Division of Corporation

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PARASEC Account Number : 120180000086 Phone : (916)576-7000 : (800)603-5868 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: rlops@parasec.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **NEW BREED LLC**

Certificate of Status	0_
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Page Count	03
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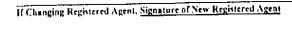
Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW BREED LLC		
(Name of the Limited Liability Compan (Al Sorida Limited L	y as it now appears on our records.) shility Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L21000255122</u>		
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 Liability	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	240 NW 25th St. Apt 317	
(Principal office address MUST BE A STREET ADDRESS)	Miami FL 33127	
Enter new mailing address, if applicable:	240 NW 25th St, Apt 317	
(Mailing address MAY BE A POST OFFICE BOX)	Miami FL 33127	
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: New Registered Office Address:	Enter Florida street address	FILED FILED FILED FILED AND FILED FILED AND FILED AND FILED AND AND AND AND AND AND AND AND AND AN
	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.





To: 18506176383 From: 19165766992 Date: 08/25/22 Time: 3:59 PM Page: 04/05

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>	Name	Address	Type of Action
MGR	WILLIAM MONTGOMERY	240 NW 25TH ST, APT 629	DAdd
		MIAMI, FL, 33127	ÄRemove
			Change
AMBR	Shannon Plunkett	240 NW 25th St, Apt 317	□Add
		Miami FL 33127	□Remove
			MChange
			□Change
			BRemove
			□Change
			DAdd
			Remove
			□Change
			DAdd
			□ Rетюче
			Change

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Note: If	e date, if other than the date of filing: (optional) tive 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 605.0207 'the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at's effective date on the Department of State's records.
record : d is filed	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 f.
	August 15 2022 4
Dated	To Dulat

Filing Fee: \$25.00