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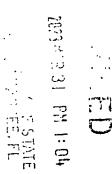
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R. HUNT O3/3//23

## **COVER LETTER**

SUBJECT: CLAS		LO., LIMITET	> LIABILITY	COMPAN
	Amendment and fee(s) are substance concerning this matter   KRIS   CIAS	omitted for filing.	:: ::	
For further information so	E-mail address: (	to be used for future annual report note	nication TE	PH I: 04
EVISTEN Name of	•	att 727, 440 -	- 1120 e Telephone Number	
Enclosed is a check for the	: following amount:			
\$25,00 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 Stat Certified Copy (additional copy is enc	us &
Mailing Address:		Street Address:		

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section **Division of Corporations** 

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

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	ompany were filed on	06/15/2021	and assigned
Florida document number <u>L21000278012</u>			2
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi			
CLASSIFIED BUSINESS HI	OLDINGS, LI	_C	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the o	designation "LLC" or the abb	previation "L.L.C "
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)		75.7 (CD)
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Enter new mailing address, if applicable:		:	<u>ω</u>
(Mailing address MAY BE A POST OFFICE BOX)			
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B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our r	ecords, <u>enter the name</u>	of the <u>new registered</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	
	·	Florida	
	Ciţv		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 Changing Registered Agent, Signature of New Registered Agent

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
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n effective date is listed, the date must be specific a	and cannot be prior t	o date of filing or m	ore than 90 days a	tter filing.	) Pursua	nt to 605,020
<u>ote:</u> If the date inserted in this block does no cument's effective date on the Department or	of State's records.	ole statutory timi	g requirements.	this date	WHI DO	i be listed (
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ecord specifies a delayed effective date, but n is filed.	not an effective in	ne, at 12:01 a.m.)	on the carner of	: (D) IN	e 90th (	lay after th
od 03/28 (March 28	2023	<u>.</u> .				
Signature of	a member or author	ized representative	of a member	<del></del>		
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