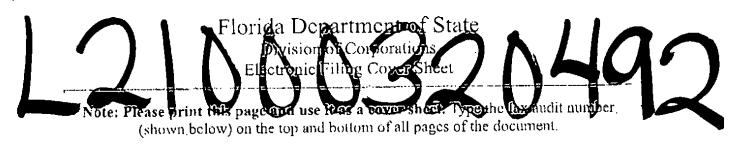
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ANGELO & BANTA, P.A.

Account Number : I20020000109 Phone : (954)766-9930 Fax Number : (954)766-9937

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

Email Address:_____

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Help

TO: Registration Section Division of Corporations SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25.00 Filling Fee >see coverage ☐ \$30.00 Filing Fcc & Certificate of Status 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 Tallahassoc 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22ppb3dd199)

(Name of the Limited L	iy as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000320492</u>	were filed on $07/13/2021$ and assigned
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 Liabili	ty 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)	* S. 13
	<u> </u>
	25 <u>-</u> 1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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:	ddress on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	Enter Florida street address
	, Florida ,
	City Zip Code
New Registered Agent's Signature, If changing Registered Agent:	•
I hereby accept the appointment as registered agent and agre 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, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
If Chan	ging Registered Agent, Signature of New Registered Agent

(((H220003001993)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records. or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Bradford Banta		□Add
			Remove
			Fi Change
MGR	Sinisa Fljankovic		Xvqq
	V		□Remove
	···		GAdd S
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Effect (If an ef	tive date, if other than the date of filing:	nt to 605.	0207 (3)(b)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nent's effective date on the Department of State's records.	t be listo	d as the
	The Ooth of	iau aftar	the
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of the filed.	ay arter	inc
Dated	September 1, 2022		
	Cathano,		
	Signature of a reember to authorized representative of a member		

Filing Fec: \$25.00

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