Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000457406 3)))



H210004574063ABC\$

To:			
	Division of (Iorporations	
	Fax Number	: (850)617-6383	
From:			
	Account Name	: MATEER & HARBERT, P.A.	
	Account Number	er : 120110000087	
	Phone	: (407)425-9044	
		: (407)423-2016	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EMERGENCY TARPS ON TIME LLC**

Certificate of Status	()
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

DEC 1 7 2021

S. PRATHER

Electronic Filing Menu Corporate Filing Menu

Help

Page: 3 of 5

(((11210004574063)))

DocuSign Envelope ID: 6E687509-904F-45FB-8897-D/99B11C7A38 /// LD 2 LO 0/04574 0.6 (200) ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF**

EMERGENCY TAPRS ON TIME			PH PH
(Name of the Limit.	ed Liability Company as It now (A Florida Limited Liability Com	appears on our records.) pany)	PH 3: 43 OF STATE FLORID
The Articles of Organization for this Limited Li Florida document number <u>L21000328551</u>			and assigned 등
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability comp	any here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company	"," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:	D/IV3		
(Muiling address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office address or ss here:	our records, enter the name	of the new registered
Name of New Registered Agent:	Daniel Maestre		
New Registered Office Address:	5533 110th Avenue N. Ap	α. 107	
New Registered Villes Audies.	E	nter Florida street address	
	Pinellas Park	. Florida 337	782
	City:		Zip Code
New Registered Agent's Signature, if changing			
I hereby accept the appointment as registery provisions of all statutes relative to the proj- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	oer and complete performa istered agent as provided j registered office address,	ince of my duties, and I am fo for in Chapter 605, F.S. Or,	amiliar with and if this document is

-DocuSigned by:

11 Changing Registered Agent, Signature of New Registered Agent

From: Mateer Har

DocuSign Envelope ID: 6E687509-904F-45FB-8897-D799B11C7A38
H amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed and 574A42.3)))

MGR = Manager AMBR = Authorized Member

Page: 4 of 5

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RENE J. DIAZ. JR.	433 LITHIA PINECREST ROAD	□Add
		BRANDON, FLORIDA 33511	≅Remove
			Change
			□Add
		<u></u>	Пкеточе
			□Change
			□Add
			□Remove
			Change
			□Add
			[]Remove
			□ Change
			⊡Add
			□Remove
			☐ Change
			□Add
			□ Remove
			@Change

DocuSign Envelope ID: 6E687509-904F-45FB-8897-D799B11C7A38 $\big(\big(\big(H21000457406 \ 3 \big) \big) \big)$

D. If amend	ling any other information	i, enter change(s) here: (Attach additional sh	sets, if necessary.)	
				-
				-
				_
				_
				_
				_
				
_				
				-
_				_
				_
				_
				-
				_
(If an effec <u>Note:</u> If documer	tive date is listed, the date must be the date inserted in this block it's effective date on the Depa		n 90 days after filing.) Pursuant to 6 frements, this date will not be l	isted as the
If the record is filed		ate, but not an effective time, at 12:01 a.m. on the	earner of. (b) The 90th day a	ner me
Dated	12/10/2021	2021	SŁE	2021
2	CocuSigned by.		AHASSI comber	FIL 2021 DEC 16
	Variet Maestre	gnature of a member or authorized representative of a m	m-<	FILED
	DANIEL MAESTRE		Con Ex	
		Typed or printed name of signee	UORID.	ည