121000363478

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE JAN IU 2022 |

Office Use Only



300378304003

10 27/01--01/26 --017 **30.00



COVER LETTER

| Div | ision of Corp | porations | | |
|---------------|-----------------------------|--|---|--|
| erm reen. | | ortunities, LLC | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| | | | | |
| The enclosed | d Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Claiborne K. McLemore II | ı | |
| | | | Name of Person | |
| | | McLemore & Rollins | | |
| | | | Firm/Company | |
| | | 1211 Sixteenth Avenue, S. | | |
| | | | Address | |
| | | Nashville, Tennessee 3721 | 2 | • |
| | | | City/State and Zip Code | |
| | | CKM3@msn.com | | |
| For further i | nformation c | E-mail address: (oncerning this matter, please c | to be used for future annual report not all: | ancation) |
| C 1 | aiborne I | K. McLemore III | 615 242-2000 at () | |
| | Name o | f Person | Area Code Daytir | ne Telephone Number |
| Enclosed is | a check for th | ne following amount: | | , |
| □ \$25.00 | Filing Fee | S\$30.00 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) |
| | ailing Addres | | <u>Street Address:</u> Registration S | ection |
| Di | vision of C | Corporations | Division of Co | rporations |
| | O. Box 632 Illahassee, l | | The Centre of 2415 N. Monro | Tallahassee oe Street, Suite 810 |

Tallahassee, FL 32303

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

FILED

2021 DEC 27 AM 6: 50

| trojan Opportunities, LLC | OCCUE 18th | |
|--|---|-------------------------|
| (Name of the Limite | ed Liability Company as it now appears on our redorce (155 | EL CO |
| , | SECRETAR ed Liability Company as it now appears on our redords (NSS (A Florida Limited Liability Company) | € |
| The Articles of Organization for this Limited Lia | ability Company were filed on August 12, 2021 | and assigned |
| Florida document number L21000363478 | | - |
| This amendment is submitted to amend the follo | owing: | |
| A. If amending name, enter the new name of | the limited liability company here: | |
| TO Dewey, LLC | | |
| The new name must be distinguishable and contain the wa | ords "Limited Liability Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| Enter new principal offices address, if applica | able: | |
| Principal office address MUST BE A STREET | T ADDRESS) | |
| | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| | BOX) | |
| | BOX) | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE E | BOX) | |
| Mailing address MAY BE A POST OFFICE E | | ame of the new regist |
| Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re | egistered office address on our records, enter the na | ame of the new regist |
| Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re | egistered office address on our records, enter the na | ame of the new regist |
| Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re | egistered office address on our records, enter the na | ame of the new regist |
| Mailing address MAY BE A POST OFFICE E. 3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent: | egistered office address on our records, enter the na | ame of the new regist |
| Mailing address MAY BE A POST OFFICE E | egistered office address on our records, enter the na | ame of the new regist |
| Mailing address MAY BE A POST OFFICE E B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent: | egistered office address on our records, <u>enter the na</u> s here: | |

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 |
|--------------|-------------|---------|----------------|
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | |
| | | | □Add |
| | | | |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | □Remove |
| | | | ☐ Change |
| | | | 🗀 Add |
| | | | □Remove |
| | | | □Change |

| | | | | |
|---|--|---|--------------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | <u>, </u> | <u></u> | <u> </u> | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | _ |
| | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | , | | |
| | | - - | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Tective date, if other than the can effective date is listed, the date must | late of filing: | and a constitution of the | (optional) | |
| ote: If the date inserted in this blo- | ck does not meet the applica | able statutory filing rea | quirements, this date wi | ll not be listed as |
| ocument's effective date on the Dep | partment of State's records. | | | |
| | | | | |
| record specifies a delayed effective | date, but not an effective tir | me, at 12:01 a.m. on th | ie earlier of: (b) The 9 | 0th day after the |
| is filed. | | | | |
| Danish of 20 | 2021 | | | |
| December 20 | 2021 | | | |
| ated | ` _ | | | |
| ated December 20 | DD , P / | - | | |
| ated December 20 | Plic mg C | rizad representative of o | member | |

Filing Fee: \$25.00