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Certified Copies	_ Certificates	of Status
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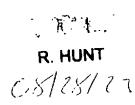
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OF VISION OF CORPORATIONS
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COVER LETTER

Registration Section

Division of Corporations

TÒr

SUBJECT: Long	Soat Rey Name of Limi	ited Liability Company	<i>(</i>		
The enclosed Articles of Amer					
Please return all corresponden	ce concerning this matter	to the following:			
_	<u></u>	Name of Person	:a;((:		
-	Long G	Firm/Company	:41 LL	<u> </u>	
-	2170	Ma: N St	Suite	203	2r 🖽
_	SAR	A So to City/State and Zip Code	L 34Z	37	DIVISION OF CORPORATE A C
_	JPIC	LBKC.OR to be used for future annual	9		8 CGX
For further information concer			гирон понисанон)		9412:40
Name of Pers	Dicesailli	at (<u>575</u>) Area Code	749-073 Daytime Telepho	one Number	•
Enclosed is a check for the fol	_	Sent in Pro		0 (0 0 0 P)	
□ \$25.00 Filing Fee □	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fe Certificate of St Certified Copy (additional copy is o	tatus &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Divisio The Ce	ddress: ration Section on of Corporatio entre of Tallahas L Monroe Stree	ssee	
		-	assee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Long Boat	npany as it now appears on our records.) ed Liability Company)
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>4379606</u> .	ny were filed on $\frac{4/8}{2023}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2170 Main St Suite 203
(Principal office address MUST BE A STREET ADDRESS)	dress, if applicable: BE A POST OFFICE BOX) San A SO FA FL 34237 San A SO FA FL 34237
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	——————————————————————————————————————
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent: Jok	N Picciailli
New Registered Office Address: 217	O Ma: N St Su: Le 203 Enter Florida street address
<u></u>	O MA:N St Suite 203 Enter Florida street address 2A30 + A Storida 34237 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.

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
CEO	John R. Picciailli	2170 Mgin St St. Le 203 SARASOFA. PL 3423	Add
			□Remove
			□Change
	Corporation Siquice Compa	mg 1201 1-1446 Street	□Add
		TAllahassee FL 32	Remove
			□ Change
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If amending any other information, enter change(s	s) nere: (Alla	en aaautonat sn	zeis, ij necessar	y.)	
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be some and the specific and cannot be s	applicable stati	filing or more than utory filing requir	(optional) 90 days after filing ements, this date	.) Pursuant to	605.0207 listed as
document's effective date on the Department of State's re	ecords.				
e record specifies a delayed effective date, but not an effected is filed.	ctive time, at 11	2:01 a.m. on the e	arlier of: (b) Tl	he 90th day a	ıfter the
Dated 10 /11 /2023.) 	, /			
	7///				_
Signature of a member of	or authorized rep	resentative of a me	mber	-	

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