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To:

Division of Corporations

Fax Number : (850)617-6383

Fram:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

Phone : (323)962-8600

Fax Number : (323)389-0502

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEFTYSCOTTYS LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

M. SOLOMON

JUL 25 2024

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Help

To: 13233890597

Prom: 8138910482

7/23/2024 4:24:54 PM

p. 2 of 9

COVER LETTER

TO: Registration Se Division of Cor				
LEFTYSC	OTTYS LLC			
SUBJECT:	Name of Limit	od Liability Company		
	Amendment and fee(s) are submondence concerning this matter to	-		
	Mike Town			
		Name of Person	And the same of th	
	Legalzoom.com, Inc.			
		Firm/Company		
	9900 Spectrum Dr			2024
		Address		
	Austin, TX 78717			2024 JUL 25 PH 2: 46 SEPRETARY OF STATE RALPHASSEE FLORID
		City/State and Zip Code		
	ecrespo@ipaitek.com	be used for future amount report notific	ordina)	2:1 STAT
			CALIGITY	De 6
For further information of	concerning this matter, please ca	И:		
Mike Town		800) 773-0888 at ()		
Name	ni Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	Cl \$30.00 Filing Fee & Centificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cl \$60.00 Filing Certificate of Certified Copy (additional copy	Status & Dy
	ING ADDRESS:	STREET/COURD		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To.

rnom: 8133910482

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TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lability Company as it now anticars on (A Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company were filed on 08/17/	2021 and ass	igned
Florida document number L21000368581		
This amendment is submitted to amend the following:		
A. If amending name, enter the new game of the limited liability company here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the davign	nation "LLC" or the ablaeviation "L.	L.C."
Enter new principal offices address, if applicable:	7× 6.5	202
Principal office address MUST BE A STREET ADDRESS)	7 (7) 7, 30 1 , 11	<u></u>
	IN SET	~_ [~
	TT1 2 T1	70
Enter new mailing address, if applicable:		- <u>-</u> 2:
(Mailing address MAY BE A POST OFFICE BOX)	07.TA 27.E 10.E	1
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	r records, enter the name	of the n
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida s	trest address	

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 chities, 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.

City

If Changing Registered Agent, Signature of New Resistered Agent

Florida

Zip Code

To: 13233890597

Τo.

From: 8138910482

7/23/2024 4:24:54 PM p. 4 of 9

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

Title	Name	Address	Type of Action
AMBR	Molly Rusac	10231 MILLPORT DR. TAMPA, FL 33626	
			□ Remove
			Change
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			☐ Remove
			□ Clunge
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: 1323589059	•	From: 8138910482	7/23/2024 4:24:54 PM	p. 5 of 9	
D. II MI	nenomik små omen n	formation, enter change(s) here: (Attac	n accunonal sheets, if necessary.)		
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E. Effec	cuive date, if other th	an the date of filing:	(optional)		2207.315.
(U en e Note	effective date is listed, the e: If the date inserted in	dute must be specific and caunot be prior to date of the specific able statu	nmg or more than 30 onys area thing.) Fr sory filing requirements, this date wil	ncue or reguent Satall ad nor L	as the
docu	ment's effective date of	in the Department of State's records.			
		elayed effective date, but not an eff	ective time, at 12:01 a.m. on	the earlie	r of:
(b) Th	ie 90th day after t	he record is filed.			
	7.1	20 20 20 20 20 20 20 20 20 20 20 20 20 2			
Date	d 1615	23, 2004			
		212 8 -			
		Signature of a member of authorized repr	esemblive of a member		
	44				
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		ryped or printed name of	i original		

Page 3 of 3

Filing Fee: \$25.00