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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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| | ration Sec in of Corp | ction porations - | 4. | | |
|--------------------------|--------------------------|--|---|--------------------|--|
| (3 t 1 th t t 2 / 25th 2 | | esale LLC | | | |
| SUBJECT: | | Name of Limi | ited Liability Company | | |
| The enclosed Ar | rticles of . | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all | correspo | ndence concerning this matter | to the following: | | |
| | | Stephanie Goebel | | | |
| | | | Name of Person | | |
| | | ZenBusiness Inc. | | | |
| | | | Firm/Company | | |
| | | 5511 Parkerest Drive, Ste. | 103 | | |
| | | | Address | | 2022 [* <u>= C</u> ; * <u>= C</u> ; |
| | | Austin, TX 78731 | | | OEC. |
| | | | City/State and Zip Code | | |
| | | fulfillment@zenbusiness.co | | | 4,2 |
| | | E-mail address: (| to be used for future annual report notifi | ication) | |
| For further infor | rmation c | oncerning this matter, please ca | all: | | - ; ; G |
| Stephanie Goel | hel c/o Ze | nBusiness Inc. | 844 493-6249 at () | | |
| | Name o | f Person | Area Code Daytime | : Telephone Number | |
| Enclosed is a ch | neck for th | ne following amount: | | | |
| ■ \$25.00 Filin | ng Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (| e of Status & |
| | N 1 4 7 1 | ING ANNUTES. | STREET/COURT | FR ANNRESS: | |

MAILING 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FHC Wholesale LLC | | | | |
|--|--|---|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our record liability Company) | <u>(K.)</u> | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000462998</u> | were filed on 2021-10-25 | and assigned | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC | C" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 14022 Halstead Ct | | | |
| (Principal office address MUST BE A STREET ADDRESS) | 424 | | | |
| | Tampa, FL 33613 | | | |
| Enter new mailing address, if applicable: | 14022 Halstead Ct | DEC | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 424 | | | |
| | Tampa, FL 33613 | <i></i> | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | ffice address on our record e: | ls, <u>enter the-namé≛òf the new</u> | | |
| Name of New Registered Agent: | <u> </u> | | | |
| New Registered Office Address: | Enter Florida street addre | ess | | |
| | , Florida | | | |
| | City | Zip Code | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | e performance of my duties, c provided for in Chapter 605 | md I am familiar with and , F.S. Or, if this document is | | |

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> | <u>Address</u> | Type of Action |
|--------------|------------------|---|---------------------|
| AMBR | Jose L Rodriguez | | |
| | | | Remove |
| | | 14022 Halstead Ct, 424 Tampa, FL 33613 | ■ Change |
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| etive date, if other than the officitive date is listed, the date must if the date inserted in this blooment's effective date on the Department of the property of the propert | ek does not meet the applical partment of State's records. effective date, but not | ble statutory filing re | quirements, this dat | e will not | be lis |
| e 90th day after the reco | | | | | |
| November 28 | | _ · | | | |
| /s/ Jose L Rodriguez | | | | | |
| _ | Signature of a member or author | | | | |

Page 3 of 3

Filing Fee: \$25.00