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.

(((H24000401271 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

÷

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004 Phone : (775)329-7721 Fax Number : (775)376-9207

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

Email Address: \_\_\_\_\_mcdonzglobe@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MCDONZ ENTERPRISES, LLC

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

From Corporate Service Center Inc 1.702.507.9682 Thu Dec 5 13:02:16 2024 MST Page 2 of 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCDONZ ENTERPRISES	S, LLC
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records,) many)
The Articles of Organization for this Limited Liability Company were filed	on 11/17/21 and assigned
Torida document number L21000494768	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	anv here:
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	63
	3 73
	, ( <del>-)</del>
3. If amending the registered agent and/or registered office addressistered agent and/or the new registered office address here:	ess on our records, enter the name of the n
	Grand Control of the
Name of New Registered Agent:	
New Registered Office Address:	ter Florida street address
Cin	, Florida

## 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

From Corporate, Service Center Inc 1.702.507.9682 Thu Dec 5 13:02:16 2024 MST Page 3 of 4 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

Titte	<u>Name</u>	Address	Type of Action
MGR	Doreen Webb Hewitt	.300 Augusta Road Apt.323	⊡ Add
		Panama City Beach, FL 32407	□ Remove
			Change
			🗖 Add
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Page 3 of 3

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