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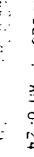
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A. RIVERS

FEB 1 3 2023



TO: Registration Section **Division of Corporations** CALL AND EGON, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: FANNY CRUZ Name of Person FAN TAX OFFICE CORP Firm/Company 1023 NE 14TH ST Address OCALA, FL 34470 City/State and Zip Code FANTAXQFFICE2021@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FANNY CRUZ 426-9330 352 at (_ Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

COVER LETTER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CALL AND EGON, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/07/2021}{1}$ and ass Florida document number $\frac{L21000516356}{L21000516356}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **COLL & EGON LLC** The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL Enter 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new re agent and/or the new registered office address here: တ္ Name of New Registered Agent: New Registered Office Address: Enter Florida street address , 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 Registered Agent

If amending or removed	g Authorized Person(s) authorized to from our records:	o manage, <u>enter the title, name, an</u>	d address of each person
MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type o
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	the date must be specif	lic and cannot be prior		(optional) han 90 days after filing.) Pursuant
<u>ite:</u> If the date inserte cument's effective dat				quirements, this date will not b
ecord specifies a delay	ed effective date, bu	it not an effective ti	me, at 12:01 a.m. on th	ne earlier of: (b) The 90th day
is filed.				
AUGUST, 10TH		2022		
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Riling Fee: \$25.00