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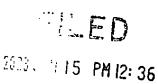
236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	PICK U	UP: MISTY 6/15
XX	CERTIFIED COPY PHOTOCOPY	
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XX	FILING	LLC AMEND
1.	2401 W PLATT LLC (CORPORATE NAME AND DOCUME	ENT#)
2.	(CORPORATE NAME AND DOCUME	ENT #)
3.	(CORPORATE NAME AND DOCUME	ENT #)
4.	(CORPORATE NAME AND DOCUME	ENT #)
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SPECIA: INSTRU	L CTIONS:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2401 W PLATT LLC

(Name of the Limited Liability Company as it now appears on our records.) 1 1ASSEE. FL

The Articles of Organization for this Limited Liability Compa	any were filed on 01/05/2022	and assigned
Florida document number 1.22000013149		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
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 offic agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	100	
	iability company here: iability Company," the designation "LLC" or the abbrevia	
	, Flori	
	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 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
MGR	AVID VENTURES LLC	2810 NORTH CHURCH STREET	□Add
		#78981	≣Remove
		WILMINGTON, DE 19802	□ Change
MGR	CHAD RUPP	301 W PLATT ST	-
		#98	
		TAMPA, FL 33606	□ Change
MGR	TIM JOHNSON	301 W PLATT ST	— ⊟Add
		#98	□ □ Remove
		TAMPA, FL 33606	Change
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