Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number . I2009000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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

Email Address:_

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10/6/2023 10 43/41 PDF .: To: 18506176383 Page: 2/4 From Registered Apents Inc. Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION * OF

(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on <u>C</u> Florida document number <u>L22000035958</u>	12/01/22 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
The new name must be distinguishable and contain the words." Limited Liability 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)	.3
	_
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new reg
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	lorida street address
	Charles

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 forther 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.

Car

Zip Code

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. . To: 18506176383

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From Registered Agents Inc.

Fax 8134365206

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	MERCED, WILFREDO	7901 4TH ST N. STE 300	□ Add
		ST. PETERSBURG, FL 33702	≅Remove
		•	□Change
			□Add
			□Remove
			[] Change
			□Remove
			「Change
		······································	[TAdd
			□Remove
		<u></u>	Change
			□Add
			URemove
			□Change
			□Add
			E Ramara

Nat Smith

Signature of a member or authorized representative of a member