To: 18506176383 From: 12147128131 Date: 06/23/23 Time: 4:55 PM Page: 01/04

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

யக்∰ைப்L Address: NAME OF THE PROPERTY OF THE PR

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ENHANCED SCALES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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EN	HANCED	SCALES L	.LC							
		(Name of	the Limite	ed Liability Co (A Florida Limi	mpany as ted Liabihi	t now appears o y Company)	on our records.)		-	
The Articles of O					any were	filed on	/2022	a	nd ass	igned
Florida document	number _	220000543	349							
This amendment i	is submitte	ed to ameno	d the follo	owing:						
A. If amending i	name, <u>ent</u>	er the new	name of	the limited I	<u>jability c</u>	ompany here	:			
The new name must b	be distinguis	shable and co	ntain the w	ords "Limited L	iability Co	mpany," the desi	gnation "LLC" or t	the abbrevia	ion "L	L.C.'
Enter new princi	ipal office	s address,	if applica	able:						
Principal office	address M	UST BE A	STREE'	<u>TADDRESS</u>	2					
Enter new mailin	ng addres	s, if applic	able:							
Mailing address	MAY BE	A POST O	FFICE I	<u>80X)</u>					·	
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3. If amending t	ha ragista	rad agant	and/or re	nulctored offi	es addra	V6 07 0HE FORK	ands antor the	o of •1		
gent and/or the	new registe	tered offic	e addres:	s here:	ce auure	ss on our reco	orus, <u>enter the</u>	name or u	023	<u>registe</u>
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New Res	gistered O	ffice Addre	: <u>ss</u> :						ယ 	<u> </u>
			_			Enter Florida	street address	,7 (7) tr	ñ. ⊐r	<u> </u>

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Phillip James	363 Taichang, Mueng. Phangange, TH, 82000	= Add
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<u> </u>		□Change	
		🗆 Add	
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If amending any other informa	ation, enter change(s) here: (.	Attach additional sheets, if nec	cessary.)

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Effective date, if other than the (If an effective date is listed, the date mus	date of filing:	(opti	onal)
(If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	lock does not meet the applicable	ite of filing or more than 90 days afte statutory filing requirements, thi	r filing.) Pursuant to 605.0207 (3) s date will not be listed as the
he record specifies a delayed effectivord is filed.	e date, but not an effective time,	at 12.01 a.m. on the earlier of. (b	o) The 90th day after the
Dated May 15th	2023		
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		OK TO THE PARTY OF	
	Signature of a mambar or outbodies.		
	Signature of a member or authorized	a representative of a member	

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