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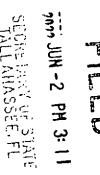
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/A J	_\	
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(City/St	ate/Zip/Phone#	f)
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COVER LETTER

то:	Registration Se Division of Cor			
SUBJEC	Transfer No		•	
SUBJEC	۲۱:		ted Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Steven J. Lovewell		
			Name of Person	
		Transfer Now, LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		1847 Shore Drive South #4	405	
			Address	
		South Pasadena, Florida 3	3707	
			City/State and Zip Code	
		chelsea@wrobelaccounting		
			to be used for future annual report no	tification)
For furt	her information of	concerning this matter, please ea	all:	
Kevin I	D. Wrobel		813 514-8273 at ()	
	Name o	of Person		me Telephone Number
Enclose	d is a check for t	he following amount:		
∑ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address:	
	Registration Division of (Registration S Division of Co	
	P.O. Box 63:		The Centre of	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN -2 PM 3: 12

TRANSFER NOW, LLC

(Name of the Limited Liability Company as it now appears on our records.) TALL AHASSEE, FL

The Articles of Organization for this Limited L	-	ny were filed on <u>02/17/2022</u>	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	of the limited li	iability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		N/A	
B. If amending the registered agent and/or agent and/or the new registered office addre	•	ce address on our records,	enter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida stree	t address
		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	Brandon Middleton	4007 Taliaferro Ave Suite E	≣ Add
		Tampa, Florida 33603	
			□ Change
			□Add
			□ Remove
			Change
<u></u>			□ Add
			□Remove
			Change
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			Remove
			□ Change
			□Add
			□Remove

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	FEE 12
tive date, if other than the date of filing:	(optional)
frective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutory	ng or more than 90 days after filing.) Pursuant to 605,020 v filing requirements, this date will not be listed a
ment's effective date on the Department of State's records.	
	. L. C. (1.) The Good 1. C. d.
ord specifies a delayed effective date, but not an effective time, at 12:01 filed.	a.m. on the eartier of: (b) The 90th day after the
May 11	
J May 11 2022	
Stoll Louds	
Signature of a member or authorized represer	