## L22000111855

(Re	equestor's Name)	
(Ac	ddress)	
	ddress)	
(AC	10(622)	
	ty/State/Zip/Phone #)	<del></del>
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_		
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to File	na Officer:	
1	Mills	
1	MILIE	

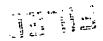




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## TO ARTICLES OF ORGANIZATION OF

	<b>01</b>	_	•		
Lulus Graphies on	J May a	ar Dil	C		
Lulus Graphics an (Name of the Limited Liat (A Flor	Bility Company as	t now appears on	our records.)	<del></del>	
The Articles of Organization for this Limited Liability		filed on <u>03/</u>	104/202-	and assi	igned
Florida document number <u>L2200011   855</u>	<u>5</u> .		_	`	
This amendment is submitted to amend the following:	<i>:</i>				
A. If amending name, enter the new name of the li	<u>imited liability c</u>	ompany here:			
The new name must be distinguishable and contain the words "L	Limited Liability Cor	npany," the designa	ation "LLC" or the abb	reviation "L.L	J.C."
Enter new principal offices address, if applicable:	_				<del>_</del>
(Principal office address MUST BE A STREET AD)	DRESS)				
				79	
Enter new mailing address, if applicable:	_		ভূতা ভূতা	<u> </u>	4 8
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	<u>ਬ</u> ਰਹੀ ਦੂਜੀ	EB 2	11.22 -
				<u> </u>	<u>"                                    </u>
B. If amending the registered agent and/or register	red office addre:	s on our record	ls, enter the name	of the new	registéred
agent and/or the new registered office address here	<u>e</u> :			- i.ω	
Name (NI - Paris - I A					
Name of New Registered Agent:	<u> </u>			-	
New Registered Office Address:		Enter Florida et	and adduses		
	Enter Florida street address				
<del></del> -			, Florida	Zip Code	<del></del>
New Registered Agent's Signature, if changing Register	red Agent:			•	
hereby accept the appointment as registered agen	nt and agree to c	act in this capa	city. I further agre	e to compl	lv with the
provisions of all statutes relative to the proper and	l complete perfoi	rmance of my a	luties, and I am fa	miliar with	and
accept the obligations of my position as registered being filed to merely reflect a change in the registe	agent as provid red office addre	ed for in Chapt ess. I hereby col	ter 605, F.S. Or, ij nfirm that the limi	<sup>r</sup> this docur ited liahilit	nent is
company has been notified in writing of this change	re.	,,	J **************************		,

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Alec Mckenna		□ Add
		1006 eLaussiana Ave Tempa, FL 3360	<u>₹</u> ØRemove
			Change
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fan e <u>Note:</u>	tive date, if other than the date of filing: March 20, 2024 (optional) frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	March 20, 2024.
	( Mustine / Sthullelle)
	Signature of a member or authorized representative of a member