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| PICK-UP WAIT MAIL | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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Contract of

COVER LETTER

To Whom it may concern,

I, Felicity Gwen Morgan, Owner and president of GeeMorgan Publishing and GeeMorgan Unleashed, would like to change / Amend the management "person" of these entities.

The changes are as follows:

Current Person:

Felicity Gwen Morgan

Update to:

Chinemerem Nwalozie Revocable Trust

This trust is managed by Felicity Gwen Morgan. All other information on the file will remain as is.

Thank you for your help.

Memoam 6/25/2024

COVER LETTER

| Division of Corporations | |
|--|--|
| SUBJECT: Geenorgen | Unleashed LLC Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are | - |
| Please return all correspondence concerning this ma | itter to the following: |
| Felicity (| C. MOCCIMO Name of Person |
| | for Unleasted Firm/Company |
| 1930 hou | enucep Rd. westey Chapel Address |
| | y Chapel FU. 33543 City/State and Zip Code |
| Felwen- Umail addre | more of Omail. Com ess: (to be used for future annual report notification) |
| For further information concerning this matter, plea | se call: |
| Felicity Morgan Name of Person | at (813) 508 3482 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| \$\frac{1}{2}\$\S25.00 Filing Fee \times \text{Certificate of Statu} | S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section | Street Address: Registration Section |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | LEASHED | | |
|---|------------------------------------|--|-------------------------|--|
| (Name of the Limited | Liability Compa Florida Limited | iny as it now appears on Liability Company) | our records.) | |
| The Articles of Organization for this Limited Lia Florida document number | bility Company 2787 | were filed on <u>Man</u> | ch 16 3025 | and assigned |
| This amendment is submitted to amend the follow | ving: | | | |
| A. If amending name, enter the new name of t | he limited liab | ility company here: | | |
| The new name must be distinguishable and contain the wor | rds "Limited Liabi | lity Company," the design | uation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applical | ble: | | | |
| (Principal office address MUST BE A STREET | ADDRESS) | MIA | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or regagent and/or the new registered office address | gistered office a | NIA address on our recor | ds, enter the name | FILED SECRETARY OF STATEMENT STATEMENT OF ST |
| Name of New Registered Agent: | MIA | | | |
| New Registered Office Address: | | | | |
| | | Enter Florida si | reet address | |
| | | | , Florida | |
| | | 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 Changing Registered Agent, Signature of New Registered Agent

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 | Felicity Morgan | 19046 BILLIEB. Davins | DAdd |
| |) , | blvD. 1016 Tampa A. | ⊈ Kemove |
| | | 33647 | □Change |
| AMBR | felicity mugain | 19046 Bruce R- Downs. | \Z\Add |
| | | BLVD. 1016 Tanpa ff | □Remove |
| | | 33647 | |
| MCR | Chinemerem Numbozie Revocatie Living Trust | 19046 Bruce B. Downs | \ \ \ \Add |
| | Menaille ani 2 11021 | Blud. 1016 Tampa Fl | □Remove |
| | | 33647 | □Change |
| AMOR Chinemenn Nutletie Revocable Living Trust | Chinemeram Nutribile | 19046 Bruce B. Downs | ^ (∂λdd |
| | HENCONDER CINING LIDOI | BIUD. 1016 Tampa It. | □Remove |
| | | 33647 | □Change |
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| D. If amending any other information, ent | er change(s) here: (Attach additional sheets, if necessary.) |
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| E. Effective date, if other than the date of f (If an effective date is listed, the date must be specifi Note: If the date inserted in this block does r document's effective date on the Department | ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(thou meet the applicable statutory filing requirements, this date will not be listed as the |
| f the record specifies a delayed effective date, but ecord is filed. | t not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated August 26 2024 | · |
| - Usignature | of a member or authorized representative of a member |
| FEL | Typed or printed name of signee |

Filing Fee: \$25.00