**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 Compositions  |                    |                |
|----------------|---|--------------------|----------------|
|                | Division of Corporations<br>Fax Number : (850)617-6   | 5383               | . '::          |
|                | 1 8x Wallber . (050)017-0   | ,303               |                |
| From           |   |                    | 批判             |
|                | Account Name : REGISTERED Account Number : I200900000   |                    | 1000年          |
|                | Phone : (307)200-2  |                    | 1.,12.         |
|                | Fax Number : (855)330-1   |                    | · :            |
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| **Enter th     | e email address for this busine   | ess entity to be u | sed for future |
|                | al report mailings. Enter only o  |                    |                |
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| L              | LC AMND/RESTATE/CORRE ROGUE DECK Certificate of Status  | S LLC 0            | ESIGN          |
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Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Rogue Decks LLc   |  |                          |                          |
|---|--|--------------------------|--------------------------|
| ( <u>Name of the Limited I</u><br>(A  | liability Company as it now apper<br>Florida Limited Liability Company | ars on our records.)     |                          |
| The Articles of Organization for this Limited Liabi<br>Florida document number <u>L22000140394</u>  |  |                          | and assigned             |
| This amendment is submitted to amend the following  | ng:  |                          |                          |
| A. If amending name, enter the new name of th   | e limited liability company  | nere:                    |                          |
|   |  |                          | 20                       |
| The new name must be distinguishable and contain the word   | s "Limited Liability Company," the                                     | designation "LLC" or the | abbreviation ASL.C."     |
| Enter new principal offices address, if applicable  | e:   | ·                        | APR 2                    |
| (Principal office address MUST BE A STREET :  | (DDRESS)   | <del> </del>             |                          |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)                | <u></u>  |                          | PF 2: 16                 |
| B. If amending the registered agent and/or regi<br>agent and/or the new registered office address h |  | records, enter the na    | me of the new registered |
| Name of New Registered Agent:   | Registered Agents Inc.   |                          | Mm                       |
| New Registered Office Address:  | 7901 4th St N STE 300  | )                        |                          |
|   | Enter F  | orida street address     |                          |
|   | St. Petersburg   | , Florida _              | 33702                    |
| •   | 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 = M<br>AMBR = A | lanager<br>.uthorized Member |         |                |
|---------------------|------------------------------|---------|----------------|
| Title               | <u>Name</u>                  | Address | Type of Action |
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| <u>Note:</u> If        | e date, if other than the date of filing:   |
| record .<br>d is filed | 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 f. |
| ated _                 | April 20 , 2022 .   |
|                        | - Riling Park.  |
|                        | Signature of a member or authorized representative of a member  |
|                        |   |

Filing Fee: \$25.00