## L22000146396

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

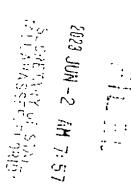
Office Use Only

A. RIVERS
JUL 3 1 2023



400409731624

08/02/29--01027--054 \*\*25.33



## COVER LETTER

Registration Section TO: Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: 2388 Ashmore For further information concerning this matter, please call: Enclosed is a check for the following amount: \$25.00 Filing Fee  $\equiv$  \$30,00 Filing Fee & \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Street Address:

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**

## iany as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on 3/25/2022 Florida document number <u>L220001463</u>96

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:	
Hostile Takeover	LLC	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad	ldress on our records, enter the	name of the new registo
agent and/or the new registered office address here:	<del></del>	2023
Name of New Registered Agent:		1
New Registered Office Address:		38 -2 F
	Enter Florida street address	
	———————. Florid	a =
New Registered Agent's Signature if shanging Degistered Agents		7

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>			
		<del></del>	⊒Remove
			= Change
			□Remove
			Change
			TRemove
			TChange
			□Remove
		<del></del>	= Remove
		<b></b>	
			Петюче
			□ Change

-	** <del></del>
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
_	
_	
_	
-	
Effect	ive date, if other than the date of filing: (optional)
If an eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605,0207 (3
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he red	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
me	90th day after the record is filed.
Dated	5/30/ 2023
1.7tite (i	
	Signature of a member of authorized representative of a member