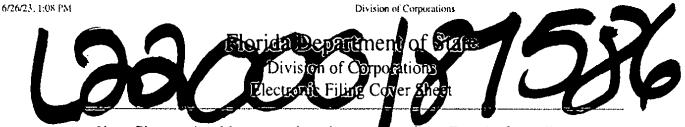
Division of Corporations



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.

(((H23000226334 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 24 HOUR ESTIMATES LLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX Help

JUN 2 7 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

24 HOUR ESTIMATES LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our record imited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Co		and assigned
Florida document number L22000187586	<u>-</u> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		23
	Ten	
B. If amending the registered agent and/or registered	office address on our records, <u>enter</u>	the name of the new registers
agent and/or the new registered office address here:		—————————————————————————————————————
		. 2
Name of New Registered Agent:		••
New Registered Office Address:		΄ ω
New Registered Office Address.	Enter Florida street addres	r.
	£1	orido
	City	orida

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:

pg 3 of 4

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	WORLWIDE NOMINEE LLC	801 US HWY I	□Add
		NORTH PALM BEACH, FL 33408	■ Remove
		<u></u>	☐Change
			□Add
			Remove
			☐ Change
			□Add
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f amending any other informa	non, enter change(s) here	; (Aпаск ацатола)	sheem, y necessury.,	<i>,</i>
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ffective date, if other than the an effective date is listed, the date mus iote: If the date inserted in this blocument's effective date on the December 1.	t be specific and cannot be prior ock does not meet the application.	able statutory filing rec	(optional) han 90 days after filing.) (quirements, this date w	Pursuant to 605,0207 will not be listed as
record specifies a delayed effective his filed.	e date, but not an effective ti	me, at 12:01 a.m. on th	ne earlier of: (b) The	90th day after the
June 26th				
	Signature of a member or author	Perkins	member	
	Signature of a member of appro-	nizeo representative of a	mentoci	

Filing Fee: \$25.00