Office Use Only



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2022 NOV 18 PM 1: 43 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

| | egistration Sec ivision of Corp | | | |
|--------------|---|--|---|--|
| elib irzyr | | Ducts LLC | | |
| SUBJECT | ; <u></u> | Name of Limi | ted Liability Company | |
| The enclose | ed Articles of A | Amendment and fee(s) are subr | nitted for filing. | |
| Please retur | rn all correspor | ndence concerning this matter t | to the following: | |
| | | Stephanie Goebel | | |
| | | | Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: Shanie Goebel Name of Person Business Inc. Firm/Company 1 Parkerest Drive, Ste. 103 Address tin. TX 78731 City/State and Zip Code Iment@zenbusiness.com E-mail address: (to be used for future annual report notification) ag this matter, please call: ss Inc. 844 493-6249 at (| |
| | | Ducts LLC Name of Limited Liability Company | | |
| | | | Firm/Company | |
| | | 5511 Parkerest Drive, Ste. | 103 | |
| | enclosed Articles of Amendment and fee(s) are submitted for filing. See return all correspondence concerning this matter to the following: Stephanie Goebel | | | |
| | | Austin, TX 78731 | | |
| | | fulfillment@zenbusiness.com | | |
| | | E-mail address: (to | o be used for future annual report notific | cation) |
| For further | information co | neerning this matter, please ca | II: | |
| Stephanie (| Goebel c/o Zen | Business Inc. | | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is | a check for the | e following amount: | | |
| \$25.00 | Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Dominion Ducts LLC | | |
|---|--|-----------------------|
| (<u>Name of the Limited Liability Cor</u> (A Florida Limi | mpany as it now appears on our records.) ted Liability Company) | |
| The Articles of Organization for this Limited Liability Comparida document number 1.22000221769 | any were filed on 2022-05-11 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited l | iability company here: | |
| The new name must be distinguishable and contain the words "Limited I. | iability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 11816 Miracle Mile Dr Riverview, Fl | . 33578 |
| Principal office address MUST BE A STREET ADDRESS | 2 | |
| Enter new mailing address, if applicable: | 11816 Miracle Mile Dr Riverview, FI | . 33578 |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address l | | SECRETAL TALE |
| Name of New Registered Agent: | | ASSEE S |
| New Registered Office Address: | Enter Florida street address | TATE |
| | 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, <u>enter the title, name, and address of each person_being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|---|----------------|
| AMBR | Debbie Jones | | |
| | | | Remove |
| | | H816 Minicle Mile Dr Riverview, FL 33578 | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | □ Change |
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| If amending any other informa | ition, enter change(s) herc | v. (Allach additional) | sneets, if necessary.) | |
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| Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E | lock does not meet the applica | able statutory filing requ | (optional) an 90 days after filing.) Pursu uirements, this date will no | ant to 605,0207 (2 of be listed as th |
| the record specifies a delaye) The 90th day after the rec | | t an effective time, | , at 12:01 a.m. on th | e earlier of: |
| Dated November 3 | 2022 | · | | |
| /s/ Debbie Jones | | | | |
| | Signature of a member or author | orized representative of a r | nember | |
| Debbie Jones | | | | |
| | Typed or printe | ed name of signee | | |

Page 3 of 3

Filing Fee: \$25.00

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| (Requestor's Name) |
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| (Address) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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2022 NOV 18 PH 1: 43
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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| | avior Solutions | | |
|---|----------------------------------|--|-------------------------|
| SUBJECT: | Name of Lin | nited Liability Company | <u> </u> |
| Division of Corporations Lotus Behavior Solutions Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Kelly Flynn Name of Person Lotus Behavior Solutions Firm/Company 421 Windrush Bay Dr. Address Tarpon Springs, FL 34680 City/State and Zip Code Kellybrettflynn@gmail.com F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kelly Flynn Name of Person Area Code Daytine Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy Ladditurnal copy is enclosed) Mailling Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations | | | |
| Please return all correspond | ondence concerning this matter | to the following: | |
| | Kelly Flynn | | |
| | | Name of Person | |
| | Lotus Behavior Solutions | | |
| | | Firm/Company | |
| | 421 Windrush Bay Dr. | | |
| | | Address | |
| | Tarpon Springs, FL 34689 | 1 | |
| | | City/State and Zip Code | |
| | | | |
| | E-mail address: (| to be used for future annual report no | tification) |
| For further information of | concerning this matter, please c | all: | |
| Kelly Flynn | | | |
| Name o | of Person | Area Code Daytii | nc Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & |
| | | | ection |
| | | _ | |
| P.O. Box 631 | 27 | | |
| Tallahassee, | FL 32314 | 2415 N. Monre | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Lotus Behavior Solutions | | |
|--|--|--|
| (Nume of the Lim | ited Liability Company as it now app (A Florida Limited Liability Company | eurs on our records.) |
| | | s/6/2022 and assigned |
| Florida document number L22000257332 | · | |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, enter the new name | of the limited liability company | <u>here</u> : |
| The new name must be distinguishable and contain the | words "Limited Liability Company." the | designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the few registered gent and/or the new registered office address here: Name of New Registered Agent: Kelly Flynn Kelly Flynn | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE | <u> </u> | TALLE TO NOV |
| | | records, enter the name of the new registere |
| Name of New Registered Agent: | Kelly Flynn | FA 53 |
| New Registered Office Address: | 421 Windrush Bay Dr. | |
| | Enter F | forida street address |
| | Tarpon Springs | . Florida ³⁴⁶⁸⁹ |
| | Cite | Zin 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

| Title | <u>Name</u> | Address | Type of Action |
|-------|-------------|--------------------------|----------------|
| MGR | Kelly Flynn | 421 Windrush Bay Dr. | = Add |
| | | Tarpon Springs, FL 34689 | □Renюve |
| | | | □Change |
| | | | C]Add |
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| ffective date, if other than the | a data of filings | | (optional) | |
| an effective date is listed, the date mulote: If the date inserted in this bocument's effective date on the E | st be specific and cannot be prior to o lock does not meet the applicabl | | days after filing.) Pursuant to 60: | |
| record specifies a delayed effective is filed. | e date, but not an effective time | e, at 12:01 a.m. on the ear | lier of: (b) The 90th day afte | er the |
| Out has 21 | 2022 | | | |
| October 31 ated | | | | |
| rated October 31 | | | | |
| ated October 31 | Signature of a member or authoriz | ed representative of a memb | ocr | |

Filing Fee: \$25.00