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COVER LETTER

TO: Registration Section Division of Corpor		,	
SUBJECT: D	ually Divi	ersified LL ed Liability Company	C
The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Vance	Sone 5 Name of Person	
	Dually	Sones Name of Person Diversified Firm/Company	l LLC
	4540	Pilgrim tra	i [
	Molino	FL 32577 City/State and Zip Code	
-	E-mail address: (to	Duclly door 5 be used for future annual report notificati	. COM
For further information cone	erning this matter, please cal	ll:	
Vance 7	Sones	at (<u>\$50</u>) 377 - Area Code Daytime Tel	4276 ephone Number
Enclosed is a check for the fo	ollowing amount;		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (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

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Vowce Jones

New Registered Office Address: 4540 Pilgrim + rail

Enter Florida street address

Molino Florida 32577

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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	Name	Address	Type of Action
MGR	Vance Jones	4540 Pilgrim trail	\ Add
		Molino FL, 32577	□Remove
			□Change
MGR	James Estes	6641 Greenwell ST	Ĺ <u></u> X Add
		Pensacola FL, 32521	P_ □Remove
6			□Change
MGR	Justin Hommon	d 1169 Alford Ro	<u>l</u> ≋Add
		Ponce de Leon	□Remove
		Florida, 32455	□Change
MGR	Kristi King	4540 Pilgrim tra.	<u> </u>
		Molino FL, 32577	□Remove
			X Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change

	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note:</u>	tive date, if other than the date of filing: 9 9 9 10 10 10 10 10 10 10 1
rd is f	
Datec	September 19. 2024
	- Han 2 Ch
	Signature of a member or authorized representative of a member Vance Ones Typed or printed name of signee

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Filing Fee: \$25.00