## L22000227132

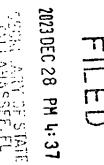
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## **COVER LETTER**

TO: Registration Solution of Col			
SUBJECT: 6	Name of Lim	ited Liability Company	110
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROX	ANAL VI GOK	2140
	61AD 7 16057 TH	DASSIST USA Firm/Company PAMPA PAMS =219 == Address	BUD.
		PANSA FL 33 City/State and Zip Code	647_
	E-mail address: (t	eresourcemo	oftens. Com
For further information e	oncerning this matter, please ca	ill:	
_ POXAH	I VI GORILLO	at ( <del>]2]</del> 300	3321
Name o	i Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L220002271.32</u>	
Florida document number $\frac{L \times V \cup U \times 2 + 1}{2}$ . This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  THE RESOURCE MASTER  The new name must be distinguishable and contain the words "Limited Liability	er, LC
Enter new principal offices address, if applicable:	1
(Principal office address MUST BE A STREET ADDRESS)	TAME TO
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	28 PH L: 37
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	= SAME "
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Cay zap Cow

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 <u>Title</u> <u>Name</u> Address **Type of Action** \_D Add □ Remove \_D Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

	/
(If an el <u>Note:</u>	live date, if other than the date of filing: DFCOMBE 18, 2023 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant 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 nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	
	2 int
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00