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| (Re | questor's Name |) |
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| (Cli | ty/State/Zip/Phoi | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Na | ame) |
| (Do | ocument Numbe | r) |
| Certified Copies | _ Certificate | es of Status |
| Special Instructions to | Filing Officer: | |
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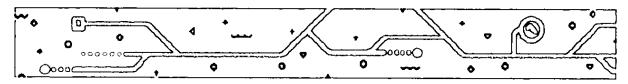
Office Use Only



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2022 JUH 30 AMTH: 03



zenbusiness

Jun 23, 2022

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

RE: Flo-Right LLC

To Whom It May Concern:

Attached please find the executed <u>Articles of Amendment</u>, for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

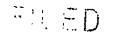
ZenBusiness Inc Attention: Kelly Castro 5511 Parkcrest Dr., Suite 103 Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at <u>fulfillment@zenbusiness.com</u>.

Thank you,

Kelly Castro ZenBusiness Customer Success

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUN 30 AH 11: 03

| Flo-Right LLC | | 16 TO |
|---|---|---|
| (<u>Name of the Limited Liabil</u> (A Florid | ity Company as it now appears on our record a Limited Liability Company) | <u>15.) </u> |
| The Articles of Organization for this Limited Liability O | Company were filed on 05/31/2022 | and assigned |
| Florida document number 1.22000249872 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | nited 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 ADD) | RESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | d office address on our records, <u>enter</u> | the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | .v |
| | | orida |
| | Ciņ | 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, 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 |
|--------------|----------------|-------------------|----------------|
| MGR | Racheal Oldman | PO Box 1601 | ■Add |
| | | Trenton, FL 32693 | □Remove |
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| fective date, if other than the n effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De | be specific and cannot be prior ock does not meet the applica | to date of filing or more than able statutory filing requi | (optional) 90 days after filing.) Pursuant ements, this date will not b | to 605.020 be listed a |
| ecord specifies a delayed effective is filed. | date, but not an effective tir | me, at 12:01 a.m. on the c | arlier of: (b) The 90th da | y after the |
| ted June 22 | 2022 | | | |
| lel Darland D | duene | rized representative of a me | | |
| ISI Kaineai Ol | amun | | | |

Filing Fee: \$25.00