Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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	an	nual	repor	t mailin	gs.	Enter	only	one	email	addr	ess	ple	ase.	**
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Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BUNNY AGENCY LLC**

Certificate of Status	0		
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Page Count	04		
Estimated Charge	\$25.00		

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OCT 24 2022 K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION,

BUNNY AGENCY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

·		
The Articles of Organization for this Limited Liability Compan	y were filed on 06/14/22	and assigned
Florida document number L22000270771		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the	e abbreviation "L.L.C."
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)		
		e e al composition de la composition della compo
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	s address on our records, enter the n	ame of the new registered
		2022
Name of New Registered Agent:		
		72 PA
New Registered Office Address:	Enter Florida street address	
	. Florida	PH 3
	City	Zip Cod N
New Registered Agent's Signature, if changing Registered Agen	ıt:	Q

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	OLIVER DREYER	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	X Remove
			□Change
MGR	Marc Schultheiss	7901 4TH ST N STE 300	K Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change.

	If amending any other information	on, enter change(s) here: (Ata	tach additional sheets, if necess	sary.)
Effective date, if other than the date of filing: [an effective 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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The effective date is delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed.		<u> </u>		
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Signature of a member or authorized representative of a member	Morgan Polle		canno autotiva of a avanda	
			epresentative of a member	
Morgan Noble Typed or printed name of signee	Morgan Nobl	e Turnel or a sinced	UP OF SUFFREE	

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Filing Fee: \$25.00