(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

Email Address:_

: (850)617-6383

from:

Lawrence E. Crary III, Esquire

Account Name : CRARY, BUCHANAN, BOWDISH, ET AL

Account Number : 076424001425 Phone : (772)233-4602

Fax Number : (772)398-8122

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

lec@crarybuchanan.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRIENDLY FRAMERS, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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*	FRIENDLY FRA	AMERS, LLC	**			
(Name of the Lir	nited Liability Compa (A Florida Limited)	ny as it now appear Liability Company)	rs on our records.)			
The Articles of Organization for this Limited	Liability Company		06/24/2022	an	d assign	ed
Florida document number	* '					
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited liab	ility company he	ere:			
MODERN EDGE FRAM	EWORKS, LLC					
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the d	esignation "LLC" or the	abbreviatio	n "L.L.C.	
Enter new principal offices address, if appl	icable:	N/A				
(Principal office address MUST BE A STRE	ET ADDRESS)	<u></u>				
Enter new mailing address, if applicable:		N/A	<u> </u>	 -		
(Mailing address MAY BE A POST OFFICE BOX)				10.00		
					02;	
B. If amending the registered agent and/or	recistered office a	ddress on our re	cards enter the na-	me of the		oletarad
agent and/or the new registered office addr.	ess here:	adress on our re	eords, enter the na	nic or the	<u>αν</u>	
					PH	<u>-</u>
Name of New Registered Agent:	<u>N/A</u>		<u>. </u>	<u> </u>	<u>_</u> _ <u>2</u>	
New Registered Office Address:	N/A			=	သ	
		Enter Flori	da street address			-
			, Florida			
		City		Zip Co	ode	

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 Age	nt, Signature of New Registered Agent	

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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
		N/A	□Add
			□Remove
			🖸 Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change
<u></u>			□Add
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ore: It the	te, if other than the dat late is listed, the date must be date inserted in this block ffective date on the Depar	does not meet the applica	e date of filing or more t ble statutory filing re	(optional) than 90 days after filing.) Pur quirements, this date will	suant to 605.020 not be listed a:
ecord speci	fies a delayed effective da	te, but not an effective tin	ne, at 12:01 a.m. on t	he earlier of: (b) The 90	th day after the
ted	June 26	, 2023	_•		
			L. Hurd		
_	Sign	ature of a member or author	ized representative of a	member	
		DUNCAN	r 117101%		

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