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04/18/24--01015--019 **25.00

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COVER LETTER TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call:

Enclosed is a check for the following amount:

Name of Person

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

S55.00 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 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 OF

	anagement	, LLL	
(Name of the Limited Liability (A Florida	ty Company as it now appears on a Limited Liability Company)	Your records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L Q 2000 300 4</u> 8	Company were filed on UL	ly 05, 202	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit Thught coaft	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	n/a	-	. 70
(Principal office address MUST BE A STREET ADDR	1 (101		
			 ,
Enter new mailing address, if applicable:		_	-
(Mailing address MAY BE A POST OFFICE BOX)		····	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our reco	rds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	n 21 11		
	Enter Florida :	street address	
	City	, Florida	Zip Code
	City		any create

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

nla

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	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□ Remove
			□Remove
			□Change
			□ Add
			□Remove
			□Change
		□ Remove	
			□Change
		□Add	
			□Remove
			□ Change

Page 2 of 3

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	₩\G
(If an et Note:	tive date, if other than the date of filing:
	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	March 6 . 2024.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00