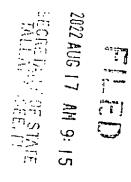
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A. BUTLER

COVER LETTER

TO:	Registration Se Division of Cor			
CUDIE	Penultimate			
SUBJE	CI:		nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Veronica Dickens		
			Name of Person	
		Penultimate LLC		
			Firm/Company	
		4821 Sanoma Village		
			Address	
		Orlando, FL 32808		
			City/State and Zip Code	
		penultimatellc@gmail.com		
			to be used for future annual report not	dification)
For furth	ner information c	oncerning this matter, please c	all:	
Veronic	a Dickens		407 879-7028 at ()	
	Name o	f Person		ne Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$2 5.	.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 S		<u>Street Address:</u> Registration Sc	ection
	Division of C		Division of Co	
	P.O. Box 632	7	The Centre of	Tallahassee
	Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Penultimate LLC (Name of the Limited Liability Company as it now appears on our records AUG 17 AM 9: 15 The Articles of Organization for this Limited Liability Company were filed on $\frac{7/7/2022}{1}$ Florida document number 1.22000305093 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: n/a The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_. Florida __

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
AMBR	Marquis O. Dickens	4821 Sanoma Village Rd.	□ Add
		Orlando, FL 32808	■Remove
		Manager	● Change
AMBR	Veronica Dickens	4821 Sanoma Village Rd.	≅ Add
		Orlando, Fl. 32808	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change
		_	□Add
			□Remove
			□ Change

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Effective date, if other than the fan effective date is listed, the date minor Mote: If the date inserted in this bedocument's effective date on the I	ast be specific and cannot block does not meet the	pe prior to date of filing applicable statutory	or more than 90 days after the filing requirements, this	iling.) Pursuant to 605,0207
e record specifies a delayed effecti d is filed.	ve date, but not an effec	ctive time, at 12:01 a	.m. on the earlier of: (b)	The 90th day after the
August 16,	2022			
Dated August 16.	2022	·		
Dated August 16,		 		
Dated August 16,	Signature of a member of	 	ative of a member	

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