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SECRETARY OF STATE
TALLAHASSEE, FI

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COVER LETTER

TO: Registration Se Division of Cor			•		
SUBJECT:B	ia Shot SI	ingshot Rentais	s UC		
	Name of Lin	ined Citotiny Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	louse	Sel Sugrez Name of Person			
	Division of Corporations T: Big Shot Slingshot Readous UC Name of Limited Lipishity Company osed Articles of Amendment and feets) are submitted for filing. turn all correspondence concerning this matter to the following:				
	Rondonto	~ F1 3471	\cap		
	DIODELLO	City/State and Zip Code	<u>U</u>		
	vaxsel:	scarez 941@gma	iil.com		
	E-mail address: (to be used for future annual report not	fication)		
For further information c	oncerning this matter, please c	all:			
		at (
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	ne following amount:				
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Registration Section Division of Corporations		·			
P.O. Box 632	7	The Centre of T	Callahassee		
Tallahassec, I	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ria Shot Slin	ashot Rentacs CC(2
(Name of the Limited Liability C (A Florida Ei	Company as it now appears on our recornined Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Com Florida document number <u>L 22 00033 7531</u> .	npany were filed on 8/1/20	27 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	f liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	EQF TA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		AUB -5 AM 9: 27 RETARY OF STATE ALLIAHASSEE FL
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	
 .	City F	loridaZy: 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>	Name	Address	Type of Action
MGR	Youssel Suarez	4925 346 STW Brodunton, FL 34	210 X Add
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			□Change
			CAdd
			□Remove
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ote: If	date, if other than ive date is listed, the dat the date inserted in the tr's effective date on the	his block does no	of meet the appl	icable statutory f	or more than 90 day illing requiremen	(optional) is after filing.) Pursua is, this date will no	int to 605,0207 it be listed as i
record s Lis filed	pecifies a delayed ef	fective date, but i	not an effective	time, at 12:01 a	m, on the earlier	of: (b) The 90th	day after the
ated	August.	300	. 2023	· 			
		Signature of	a member or aut	horized represent.	tive of a member		
		/ ~		•			