

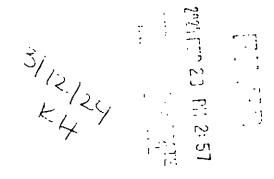
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	orporations ttegic Connections LLC		
	_	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Maria Lumb		
		Name of Person	
		Firm/Company	
	141 Cliffside Trl	33	
		Address	
	Ponte Vedra, FL 32081		
	maria.lumb@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notificat	ion)
For further information	concerning this matter, please c	all:	
Maria Lumb		703 362-2418	lephone Number
Name	of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for	the following amount:		P
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & — Certified Copy tadditional copy is enclosed)
Mailing Addre		Street Address: Registration Section Division of Corpor	

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Duffy Strategic Connections 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 Company were filed on August 8, 2022 and assigned Florida document number 1.22000349497 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: 1 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.

Cirv

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	Michael Lumb	141 Cliffside Trl	□Add
		Ponte Vedra, FL 32081	■Remove
			Change
			□Add
			□Remove
			□Remove
			□Change
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rective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable standard cument's effective date on the Department of State's records.	رم نجودا (optional) of filing or more than 90 days after filing.) Pursuant to 605.420 tutory filing requirements, this date will not be listed a
peord specifies a delayed effective date, but not an effective time, at I is filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
ted December 31 2023	

Typed or printed name of signee