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8/31/2022

COVER LETTER

TO: Registration Se Division of Cor						
	BINARY, LLC					
SUBJECT:	Name of Lim	ited Esability Company				
	Amendment and fee(s) are sub		WwwMiamiProcessServer.com 164 Bentley Drive Vam Springs, FL 33164 Phi 305 873 6427 SFR451 Dott 1/44 SFR451 SFR451 Dott 1/44 SFR451 SFR451			
	BLAINE H HIBBERD		6.3.			
		Name of Person				
	BLAINE II HIBBERD PA					
		Firm Company				
	612 SE CENTRAL PARK	WAY				
		Address				
	STUART, FL 34994					
	HIBLAW@OUTLOOK.CC	City/State and Zip Code 0M to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please c	all:				
BLAINE H HIBBERD		772 600-7646				
Name o	d' l'erson	at () Aren Code Daytim	e Felephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 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)			
<u>Mailing Addres</u> Registration !	Section	<u>Street Address:</u> Registration Se				
Division of C	Corporations	Division of Corporations				

P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

The Centre of Tallahassee



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 AUG 30 FH 10: 27

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(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

(A Florida I	Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L22000354012</u>		UGUST 11, 2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company b	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		records, enter the na	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
	City	Florida _	Zip Code
N	•		гір Сойе
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co	ma agree to act in this implete performance c	capacity, 1 jurther a of my duties, and I an	igree to comply with i a familiar with and

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 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
MGR	GEORGE LARRY COLSON, JR	6609 SILVER WOLF DRIVE	⊒ Add
		PALM CITY, FLORIDA 34990	
			TJChange
			□Remove
			☐Change
			□Add
			□Remove
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Filing Fee: \$25.00