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COVER LETTER

	ard McCullen LLC		•
.1:	Name of Lin	nited Liability Company	<u> </u>
osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
turn all correspo	ondence concerning this matter	to the following:	
	Ann Stoddard Broudy (for	merly Ann Stoddard McCullen -	got married) (Sel attached
		Name of Person	
Division of Corporations Ann Stoddard McCullen LLC Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: Ann Stoddard Broudy (formerly Ann Stoddard McCullen - got married) (Sel attached documn and securing the second and securing and second and seco			
	5128 Foliage Way		
		Address	
	SaintAugustine,FL32092		
		City/State and Zip Code	
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		at ()	
Name of	f Person	Area Code Dayı	time Telephone Number
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00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
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	Ann Stodda T: Ann Stodda T: Dised Articles of turn all correspondent all correspondent and the store of the	Ann Stoddard McCullen LLC Name of Lin Name of Lin Dised Articles of Amendment and fee(s) are substituted and correspondence concerning this matter Ann Stoddard Broudy (for SaintAugustine,FL32092 mccullenann@gmail.com E-mail address: (er information concerning this matter, please coldard Broudy (formerly Ann Stoddard McCull) Name of Person is a check for the following amount: 10 Filing Fee \$30.00 Filing Fee &	Division of Corporations Ann Stoddard McCullen LLC The second Articles of Amendment and fee(s) are submitted for filing. Storm all correspondence concerning this matter to the following: Ann Stoddard Broudy (formerly Ann Stoddard McCullen - Name of Person Firm/Company 5128 Foliage Way Address SaintAugustine,FL32092 City/State and Zip Code mccullenann@gmail.com E-mail address: (to be used for future annual report in the propertion of the following amount: 10 Filing Fee \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Street Address: Registration Section

The Centre of Tallahassee

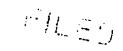
Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Ann Stoddard McCullen LLC

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

	(A I Rolled Ellines Ell	witty company)	
The Articles of Organization for this Limited L Florida document number L22000359246		vere filed on 8/15/22	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabili	ity company here:	
Ann Stoddard Broudy LLC			
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	Same at 5128 Foliage Wa	y, Saint Augustine, FL 32092
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		Same at 5128 Foliage Wa	ry, Saint Augustine, FL 32092
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addressed agent: Name of New Registered Agent:		ldress on our records, g	nter the name of the new regis
	5128 Foliage Wa		
New Registered Office Address:	J120 Tonage Wa	Enter Florida street a	uldress
	Saint Augustine		, Florida ³²⁰⁹²
		City	

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.

f 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ann S. Broudy	5128 Foliage Way	□Add
		Saint Augustine, FL 32092	□Remove
			■Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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