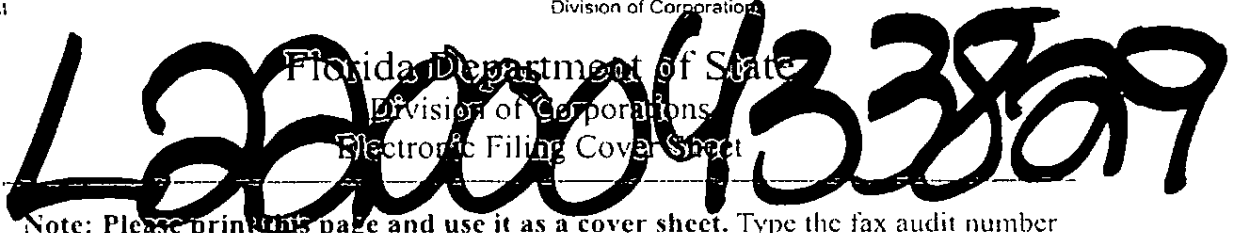


Division of Corporations



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000394309 3)))



H240003943093ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LIQUID UNLIMITED LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 06      |
| Estimated Charge      | \$55.00 |

Electronic Filing Menu

Corporate Filing Menu

Help J. LEMIEUX

DEC - 3 2024



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIQUID UNLIMITED 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 10/07/2022 and assigned Florida document number L22000433829

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 "L.L.C."

Enter new principal offices address, if applicable:

3060 Foxhill Cir, Apt 103, Apopka, FL 32703

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3060 Foxhill Cir, Apt 103, Apopka, FL 32703

(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

Florida

City

Zip 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> | <u>Name</u> | <u>Address</u>                              | <u>Type of Action</u>                      |
|--------------|-------------|---|--|
| MGR          | Jason New   | 3060 Foxhill Cir. Apt 103, Apopka, FL 32703 | <input type="checkbox"/> Add               |
|              |             |   | <input type="checkbox"/> Remove            |
|              |             |   | <input checked="" type="checkbox"/> Change |
|              |             |   | <input type="checkbox"/> Add               |
|              |             |   | <input type="checkbox"/> Remove            |
|              |             |   | <input type="checkbox"/> Change            |
|              |             |   | <input type="checkbox"/> Add               |
|              |             |   | <input type="checkbox"/> Remove            |
|              |             |   | <input type="checkbox"/> Change            |
|              |             |   | <input type="checkbox"/> Add               |
|              |             |   | <input type="checkbox"/> Remove            |
|              |             |   | <input type="checkbox"/> Change            |
|              |             |   | <input type="checkbox"/> Add               |
|              |             |   | <input type="checkbox"/> Remove            |
|              |             |   | <input type="checkbox"/> Change            |
|              |             |   | <input type="checkbox"/> Add               |
|              |             |   | <input type="checkbox"/> Remove            |
|              |             |   | <input type="checkbox"/> Change            |

