To:	Page: 1 of 4	2024-05-01 06:28:20 UTC+14	18506176383	From: ZenBusir
	12	Florida Department of S Division of Corporations Electronic Uiling Gover Shee	tate	
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		(((1124000157092-3)))		
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	Note: DO NOT h	it the REFRESH/RELOAD button on yo Doing so will generate another cover		າຊະ.
		ision of Corporations Number : (850)617-6383		
	Acc Pho Fax **Enter the ema	Number : (512)597-0678 ail address for this business entity port mailings. Enter only one email		2024 ATO 30
		IND/RESTATE/CORRECT OR Solution   JOHN PETER PARTNERS I   ertificate of Status   ertified Copy   age Count   stimated Charge		P 12: 59
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Page: 2 of 4	2024-05-01 06:28:20 UT	C+14	18506176383	From: ZenBusir
	ARTICLES OF		Т	H24000157092-3
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		)F	UN	
JOHN PETER PARTN	ERS LLC			
(Nam	e of the Limited Liability Comp. (A Florida Limited	any as it now appears o Liability Company)	m our records.)	
The Articles of Organization for this	s Limited Liability Company	were filed on 10/1	7/2022	and assigned
Florida document number 12200044				
This amendment is submitted to am	end the following:			
A. If amending name, enter the n	ew name of the limited liab	bility company here	:	
The new name must be distinguishable and	contain the words "Limited Linb	ility Company," the desig	guation "LLC" or the al	sbreviation "L.L.C."
Enter new principal offices addres	ss, if applicable:	4111 Saltwater Bb	vd	
(Principal office address MUST BE A STREET ADDI		Tampa, FL 33615		
		US		·
Enter new mailing address, if app	licable:	4111 Saltwater Bly	vd	<u> </u>
(Mailing address MAY BE A POST	OFFICE BOX	Tampa, FL 33615		<u> </u>
		US		70 F
				0
B. If amending the registered age		address on our reco	ords, <u>enter the nam</u>	ie of the new registered
agent and/or the new registered of	llice address here:			12:
				5 0
Name of New Registered a	Agenț:			
New Registered Office Ad	dress:	Enter Linit	a dama a sala da sa s	•••···•
	Enter Florida street address			
		City	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

To:

I hereby accept the appointment as registered agent end 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

•

2024-05-01 06:28:20 UTC+14

18506176383

From: ZenBusir

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each how will be added or removed from our records:

## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
AMBR	John Emslie	4111 Saltwater BLVD	🗋 Add
		Tumpa, FL 33615	
		US	🖬 Change
	·	· · · · · · · · · · · · · · · · · · ·	🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

## E. Effective date, if other than the date of filing: \_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 30th		
	John Emslie	
	Signature of a dember of authorized representative of a men-	ber
John Emslie		

Typed or printed name of signee.