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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**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 = : JUNGNICKEL SOLUTIONS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears of	on our records.)
(<u>Name of the Limited Liability Company as it now appears of</u> (A Florida Limited Liability Company)	,
The Articles of Organization for this Limited Liability Company were filed on 10/15 Florida document number L22000451110	and assigned
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 desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	(3) PE
(Principal office address MUST BE A STREET ADDRESS)	-1
	<u> </u>
Enter new mailing address, if applicable:	y• C* - ⊒X
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our reco agent and/or the new registered office address here:	ords, <u>enter the name of the new regi</u> s
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	i 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.

12/15/2023 12:40:13 PST *

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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	JUNGNICKEL, MAX	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	☑Remove
			□Change
AMBR JUNGNICKEL, JULIA	JUNGNICKEL. JULIA	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	□Remove
			□ Change
			□Add
			□ Remove
			Change
			bbA□
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change

12/15/2023	12 40:13	DST.

To: 18506176383

Page: 4/4

From: Registered Agents Inc.

Fax: 8134365206

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 December 15 2023 Signature of a member or authorized representative of a member Nat Smith
Typed or printed name of signee