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FORVED

Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

NAME OF ENTITY
Primal Queen, LLC
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DATE 8/21/24 TIME
Notes:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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Primal Queen, LLC

(Name of the Limited Liability Company as it now appears on our records.) ALLAHAS SE The Articles of Organization for this Limited Liability Company were filed on $\frac{11/7/2022}{1}$ and assigned Florida document number _____1.22000477619 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 "LLC." 1631 Del Prado Blvd S. Enter new principal offices address, if applicable: Suite 300 (Principal office address MUST BE A STREET ADDRESS) Cape Coral, FL 33990 1631 Del Prado Blvd S. Enter new mailing address, if applicable: Suite 300 (Mailing address MAY BE A POST OFFICE BOX) Cape Coral, FL 33990. 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

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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							
Title	<u>Name</u>	<u>Address</u>	Type of Action				
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August 21		2024	·					
Charles Gre	Signature of a	member or auth	orized represen	tative of a member				

Filing Fee: \$25.00