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To:

Division of Corporations
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Account Name : INC AUTHORITY, LLC
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Phone : (775)329-7721
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Email Address: alexanderlaura042@gmail.com

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STATE OF FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ESPINOSA PINESTRAW, LLC**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T. LEMIEUX

JUL 18 2024

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

ESPINOSA PINESTRAW, 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 11/14/22 and assigned
Florida document number L22000485107.

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: 373 Tiger Lily Ln
(Principal office address MUST BE A STREET ADDRESS) Defuniak Springs, FL 32433

Enter new mailing address, if applicable: 373 Tiger Lily Ln
(Mailing address MAY BE A POST OFFICE BOX) Defuniak Springs, FL 32433

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	Jesus Daniel Espinosa Garcia	373 Tiger Lily Ln	<input type="checkbox"/> Add
		Defuniak Springs, FL 32433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Laura Pilar Alexander	373 Tiger Lily Ln	<input type="checkbox"/> Add
		Defuniak Springs, FL 32433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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