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lo:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000

Fax Number

: (800)603-5868

**Enter the email address for this business entity to be used for future.

annual report mailings. Enter only one email address statements.

Email Address: RLOPS@PARASEC.COM

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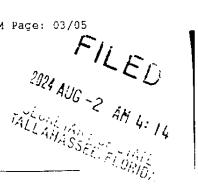
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To: 18506176383 From: 19166105073 Date: 08/02/24 Time: 4:13 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



		~0c/ ~~//
REIGADA WOOI		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.)	
(A Livinga Chimea		
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Torida document number		
This amendment is submitted to amend the following:		
-		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:	1416 Findlay Ave.	
Principal office address MUST BE A STREET ADDRESS)	Spring Hill, FL 34609	
Tracepa office data ess in 051 DE A 51 REE1 ADDRESS)		
Enter new mailing address, if applicable:	1416 Findlay Ave	
	Spring Hill, FL 34609	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new registe
gent and of the new registered office and east neve.		
Control of the Contro		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	171	
	, Florida , Florida	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.

TOOL I - Darl to all to a Clause of New Destituted to at	_
If Changing Registered Agent, Signature of New Registered Agent	

► To: 18506176383 From: 19166105073 Date: 08/02/24 Time: 4:13 PM Page: 04/05

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>	Name	Address	Type of Action
AMBR	Dereck Reigada	1416 Findlay Ave	□Add
		Spring Hill, FL 34609	□Remove
			★ Change
	And the state of t		
			□ Remove
			⊑∰hange
			Genange
			1858E
			The Dreamer
			□Add
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			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
		"我们是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessory.) 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 and a second Signature of a member or authorized representative of a member Dereck Reigada

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Typed or printed name of signee