Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEVINE & PARTNERS, P.A.

Account Number : 074677001117 Phone : (305)372-1350 Fax Number : (305)423-3206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gsr@levinelawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PATRIOT MAGA LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Patriot MAGA LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on December 8, 2022	and assig	gned
Florida document number L22000516357			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
N88CR LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abl	breviation "L.L.	C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			
Pater was malling address if anytholder			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·	***************************************
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	e of the new	registered
		20	
N. CN. D. C. JA		23	
Name of New Registered Agent:			
New Registered Office Address:			<u></u>
	Enter Florida street address		
	. Florida	. 3	<u>.</u>
	City	Zip Code.	
New Registered Agent's Signature, if changing Registered Agent:		37	

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 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	Name	Address	Type of Action
			□Add
			Remove
			DChange
			□Add
			□Remove
			□Change
			CAdd
			□Remove
			□Change
			□Add
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			□Remove
			□Change
			□Add
			Remove
			Change

	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
Anger (S. Mar.)		 -
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(If an effective date is listed, the date Note: If the date inserted in thi	he date of filing:	
the record specifies a delayed effector of the cord is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	ter the
Dated May 18	. 2023	
Robert I	Signature of a member or authorized representative of a member	
	Signature of a member of authorized representative of a member	
Robert Desmor	d	
	Typed or printed name of signee	

Filing Fee: \$25.00