

Florida Department of State

Division of Corporations

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L2300002428

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((H230002966113)))



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To:
Division of Corporations
Fax Number : (850)617-6383

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Account Name : MYCOMPANYWORKS, INC.
Account Number : I20230000035
Phone : (702)362-2677
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DAEMROCA LLC

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION:
OF

Daemroca 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 01/04/2023 and assigned Florida document number L23000002428

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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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>
AMBR	Matthew Fitzgerald	701 A Route 73 South, Suite 405	<input type="checkbox"/> Add
		Marlton, NJ 08053	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	George M. Pittaoulis	3000 Atrium Way, Suite 510	<input checked="" type="checkbox"/> Add
		Mount Laurel, NJ 08054	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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