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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:		OLDIERS LLC		
SUBJECT:	·	Name of Lim	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Brandon Rivas		
			Name of Person	
			Firm/Company	
		19076 sw 25th ct		
			Address	
		miramar, FL, 33029		
			City/State and Zip Code	
		Brandon123Rivas@gmail.c	to be used for future annual report n	atitiestian)
For further i	information c	oncerning this matter, please co	·	orneadon)
Brandon Ri	vas		772 418-2232	
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
				- 19 B
Re Di P.0	niling Addres gistration S vision of C D. Box 632 llahassee, I	Section orporations 7	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	Section Sorporations Sorporatio

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPLASH SOLDIERS 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 $\frac{01/03/2023}{1}$ _ and assigned Florida document number <u>1.230</u>00006154 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." 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

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.

Cire

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>	Address	Type of Action
AMBR	Brandon Rivas	19076 sw 25th et miramar, F1 33029	□Add
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fective date, if other than the date of filing: (optional) In effective date, is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuit; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will recument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 is filed.	
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Signature of a member of authorized representative of a member	not be listed a
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Brandon Rivas Typed or printed name of signer	not be listed a