Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803

Fax Number

: (813)436-5206

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

Email	Address:	:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GARY ANDREWS, LLC

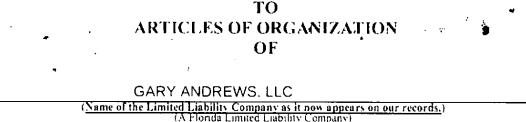
Certificate of Status Certified Copy 0 04 Page Count Estimated Charge \$25.00

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Help

Fax: 8134365206

ARTICLES OF AMENDMENT TO



(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)		,
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300007085</u>	were filed on <u>01/03/2023</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	obreviation "L.L.C."	_
Enter new principal offices address, if applicable:	*		
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
Emailing undress SHAT BEAT OST OTTICE BOXY			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nam</u> : :	ie of the new regis	itered
Name of New Registered Agent:			<u> </u>
New Registered Office Address:		2 E	<u>~</u> ~
	Enter Florida street address , Florida	PR (YEU
 	Circ	Zup Cou te	
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.

To 18506176383

Page: 3/4

From: Registered Agents Inc

Fax: 8134365206

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	Gary Andrews	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	□Remove
			[] Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ C'hange

To: 18506176383

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t 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.
Dated July 20 . 2023 .
Signature of a member or authorized representative of a member
Nat Smith Typed or printed name of signee