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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

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S. ROBERTS

JUN 1 5 2023

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Probase Mart LLC					
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{01}{2}$	105/2023 and assigned			
Florida document number L23000013176					
his amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability company h	ere:			
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if appli	cable:				
Principal office address MUST BE A STRE	ET ADDRESS)				
-		2073			
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
		,			
		(0)			
B. If amending the registered agent and/or agent and/or the new registered office address.		ecords, enter the name of the new-regist			
Name of New Registered Agent:	Registered Agents Inc				
New Registered Office Address:	New Registered Office Address: 7901 4TH STREET N SUITE 300  Enter Florida street address				
	St. Petersburg	Florida <sup>33702</sup>			
	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 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
MGR	MADILYN, MICHAEL	9045 5TH AVE	
		JACKSONVILLE. FL 32208	<b>₩</b> Remove
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record specifies a delayed effectisfied.	rtive date, but not an effectiv	ve time, at 12:01 a.m. o	on the earlier of: (b) The	90th day after the
nted	. 2023	·		
Religion	Signature of a member or a			
	Significant of a manufacture of	uthorized assessing	af a manufact	<del></del>