Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : 120240000004 : (775)329-7721 Fax Number : (775)376-9207

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

brandyosborn414@gmail.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WISE'S NURSERY, LLC

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From Corporate Service Center Inc 1.702.507.9682 Fri Jan 24 12:47:52 2025 MST Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WISE'S NUF		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	5L)
The Articles of Organization for this Limited Liability Company	were filed on 01/05/23	and assigned
Florida document number <u>L23000013475</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		2025
Putan usus malling adduces if annihables		124 124 1888
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		90 : 90 : 90 : 90 : 90 : 90 : 90 : 90 :
3. If amending the registered agent and/or registered of		—
registered agent and/or the new registered office address her	<u>r</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	s
	······	orida
	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

• From Corporate Service Center Inc 1.702.507.9682 Fri Jan 24 12:47:52 2025 MST Page 3 of 4

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
MGR	Charles W. Webb Jr.	2128 MARION COUNTY RD	Add
		WEIRSDALE, FL 32195	
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			☐ Remove
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ocument	's effective date on the Dep	ariment of State	's records.			
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Page 3 of 3

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