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COVER LETTER

TO:

Registration Section

Division of C	Corporations		ı
	n The 321 LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
	Sofia Saladino		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Thrifts In The 321 LLC		
		Firm/Company	
	7085 South Tropical Trai	I	
		Address	
	Merritt Island/Florida 329	952	
	sofiaasaladino@gmail.con	City/State and Zip Code	## ### ### ###########################
		(to be used for future annual report noti	fication)
For further informatio	n concerning this matter, please	call:	PH PH AHASSE
Sofia Saladino		321 7495113	100 KV 100
Nam	e of Person	Area Code Daytim	e Telephone Number 25
Enclosed is a check fo	or the 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)
Mailing Add Registratio	n Section	Street Address: Registration Sec	
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	•
	e, FL 32314		e Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Thrifts In The 321 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 $\frac{01/06/2023}{100}$ and assigned Florida document number _____1.23000015745 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Exchange Resale LLC 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 manie 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.

City

If Changing Registered Agent, Signature of New Registered Agent

__, Florida ___

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>	Type of Action
			DAdd
			□Remove
			□Change
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			□Remove
			□Change
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ote: If the date inserted in this block does not meet the bourment's effective date on the Department of State's	he applicable s records.	e statutory l	filing require	ments, this	date wil	l not be	: listed a
record specifies a delayed effective date, but not an efficield.	fective time,	, at 12:01 a.	m. on the ea	rlier of: (b)	The 90	Oth day	after the
ated 06/14/2024 12:	:05 p.m.						
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Filing Fee: \$25.00