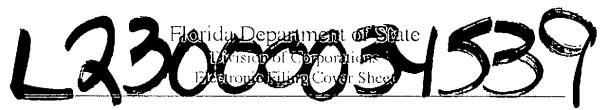
To: 18505176383 From: 12147128131 Date: 02/02/23 Time: 1:10 AM Page: 01/04



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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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:_

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

9 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHUFFLEBOARD MAFIA LLC Certificate of Status 0

Certified Copy Page Count 01\$25.00 Estimated Charge

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Help

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ARTICLES OF AMENDMENT

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| | ORGANIZATION OF | |
|---|--|----------------------|
| *************************************** | . | |
| SHUFFLEBOARD MAFIA LLC | | |
| (Name of the Limited Liability Comp (A Florida Limited | nany as it now appears on our records.) Landinty Company) | |
| The Articles of Organization for this Limited Liability Compan L23000034539 | y were filed on | and assigned |
| This amendment is submitted to amend the following. | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Lial | sility Company" the designation "LLC" of the ab | breviation "L.1, C." |
| 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 agent and/or the new registered office address here: | address on our records, <u>enter the nam</u> | |
| Name of New Registered Agent: | | 2023 FEI |
| New Registered Office Address. | | 2 = |
| | Enter Florida street address . Florida? = | P# 3 |
| | Crty | Zij Code |
| New Registered Agent's Signature, if changing Registered Agent | | تن |

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

To: 18506176383 From: 12147128131 Date: 02/02/23 Time: 1:10 AM Page: 03/04

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Trainenging Authorized rerson(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

(((H23000042999 3)))

MGR = Manager AMBR = Authorized Member

| <u>Title</u> AMBR | <u>Name</u> j15i Pte Ltd | <u>Address</u> 100 Tras St. #16-01 100AM | Type of Action |
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