L23000035684

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
SUBJECT: FCO		earch LLC ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Matthew Front Point	Name of Person Scarch LLC Firm/Company		2023 HAR 30 A	e::
	1706 Belleair	Forest D. #35	-2	AM 8: 34 L'STATE	
	E Belleair, t	City/State and Zip Code Cont point 500 C to be used for future annual report notifi			
	MVOHZ OF FO E-mail address: (ront point 500 co	h. com		
For further information co	oncerning this matter, please co	all:			
Matthew] Name o	lo Itz Ferson	at (<u>UU3</u>) 214 Area Code Daytime	- 9 445 Telephone Number		
Enclosed is a check for the	ne 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 Certificate of Certified Co (additional cop	of Status & opy	
Mailing Addres Registration S Division of C	Section orporations	Street Address: Registration Sec Division of Con	porations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5

Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	3 HAR 30
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23 0000 3568</u>		and assigned 5
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 Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	2100 East Bay Di	ive
(Principal office address MUST BE A STREET ADDRESS)	Suite 2390 Largo, FL 3377	/
Enter new mailing address, if applicable:	2100 East Bay	Drive
(Mailing address MAY BE A POST OFFICE BOX)	Svite 239 Largo, FL 337	7/
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	7: 6:1
Non-Books and Associated Market Market State Company	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am J	familiar with and

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

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(If an effe Note: 1	re date, if other than the date of filing:		
(If an effe Note: I docume he record	etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuar f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nt's effective date on the Department of State's records. specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	t be listed as t	
(If an effe Note: I docume he record ord is file	etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuar f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nt's effective date on the Department of State's records. specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	t be listed as t	
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Filing Fee: \$25.00