L23 0000 378 22

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| -(Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration So Division of Con | | | | | | | |
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| SUBJECT:501 | FLO SELLER Name of Lim | SLLC | | | | | |
| 4 | Name of Lim | ited Liability Company | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | | | |
| | Kerry | Hanrahan Name of Person | | | | | |
| | SOFLO SELLE | EPS LLC Firm/Company | | | | | |
| | 24211 | NE 49th 5+ #5 Address | | | | | |
| | _ Fort Lau | City/State and Zip Code | 308 FEB | | | | |
| | Southflu E-mail address: (| Sellers @ Grail. Co | 20 EH 10: 02 | | | | |
| For further information c | concerning this matter, please c | | 363 Pin 192 | | | | |
| Kerry H | antahan of Person | at (<u>SQ)</u> 9 + 5 - 5 Area Code Daytime Te | clephone Number | | | | |
| Enclosed is a check for the | he 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 Addres Registration | | Street Address: Registration Section | on | | | | |
| Division of C | Corporations | Division of Corpor | Division of Corporations | | | | |
| P.O. Box 632 Tallahassee, | | The Centre of Tall | | | | | |
| rananassee. | 1 12 222 17 | 2415 N. Monroe S | ucci, suite a i v | | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SOFLO SELLER | SLLC | | | | | | |
|--|------------------------------------|---|--|--|--|--|--|
| (Name of the Limited Liability C | | ur records.) | | | | | |
| The Articles of Organization for this Limited Liability Compelling document number <u>L23000037822</u> . | pany were filed on $\frac{1/20}{}$ | <u>0/2023</u> and assigned | | | | | |
| This amendment is submitted to amend the following: | | | | | | | |
| A. If amending name, enter the new name of the limited | liability company here: | | | | | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designa | tion "LLC" or the abbreviation "L.L.C." | | | | | |
| Enter new principal offices address, if applicable: | | | | | | | |
| (Principal office address MUST BE A STREET ADDRESS | <u>S)</u> | 023 | | | | | |
| | | | | | | | |
| Enter new mailing address, if applicable: | | -21 Fi | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> | | | | | |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | fice address on our record | 1. | | | | | |
| Name of New Registered Agent: | · | | | | | | |
| New Registered Office Address: | Enter Florida stre | and address | | | | | |
| | | | | | | | |
| | Cüy | . Florida 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> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|---------------------------------|----------------|
| MGR | Kerry Hanrahan | 2421 NE 49th St #5 | ZAdd |
| | | Furt Lauderdale, FL 33308 | □Remove |
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| fectiv | e date, if oth | er than the date d. the date must be sp | of filing: | annot be pric | r to date of t | ilina ar m | rea than OA | (optio | nal) | mat to 41 | นร ผาก |
| ote: T | the date inser | rted in this block do Jate on the Departn | es not me | et the appli | cable statu | tory filing | requiren | nents, this | date will n | ot be lis | sted as |
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| ecord is file | specifies a del d. | layed effective date | , but not a | n effective | time, at 12: | :01 a.m. c | n the earl | ier of: (b) | The 90th | ı day af t | er the |
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