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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Registration Section

| Division of Corp | porations | | |
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| Ыа | n 17-n | | |
| subject: <u>Ho</u> | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspor | ndence concerning this matter | to the following: | |
| | | | |
| | $\underline{\hspace{1cm}}$ Jan | Name of Person | |
| | _ | | |
| | HOK | FZZON LLC Firm/Company | |
| | 3721 | Sul Much son Si | |
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| | Port S | 1 W F1 7495 | 3 |
| | ,, | 1. Luc. e FL 3495. City/State and Zip Code | |
| | her: 220 | nlle Eym 2.1. Com to be used for future annual report noti | tication) |
| For further information co | oncerning this matter, please ca | | ; |
| | | | |
| James Name of | WUNLT Person | at (<u>716</u>) <u>484</u> Area Code Daytim | - 7748 - S. |
| | | · | |
| Enclosed is a check for the | e following amount: | | |
| ☑ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55,00 Filing Fee & Certified Copy cadditional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | : | Street Address: | |
| Registration S | ection | Registration Se | |
| Division of Co P.O. Box 632 | • | Division of Cor The Centre of T | • |
| Tallahassee, F | | | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| <u> </u> | ON LLC | |
|---|--|--|
| (<u>Numb of the Limited Liabib</u> (A Florid | ity Company as it now appears on o a Limited Liability Company) | ur records.) |
| The Articles of Organization for this Limited Liability C | Company were filed on $\frac{1}{2}$ | 4/2023 and assigned |
| Florida document number <u>L230000</u> 45768 | • | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | nited 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 ADDI | RESS) | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | ; ; |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | • |
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| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | d office address on our record | s, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida str | vet address |
| | | Florida |
| | 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 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 |
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| ctive date, if othe | r than the date of fi the date must be specific | iling: | | (option | nal) | |
| e: If the date inserte | ed in this block does n | iot meet the applica | able statutory filing | ore than 90 days after f g requirements, this | iling.) Pursu: date will no | ant to 605.0. of he listed |
| ument's effective da | te on the Department | of State's records. | | | | |
| | yed effective date, but | not an effective ti | me, at 12:01 a.m. o | on the earlier of: (b) | The 90th | day after t |
| s filed. | | | | | | |
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