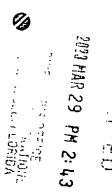
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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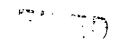
## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	3778 LLC	
30001	Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	MALCOLM CLARK	
	Name of Person	
	3778 LLC	
	Firm/Company	
	2791 Canary W. Lane	
	Jacksonville FL 32219	
	City/State and Zip Code	
For fur	ther information concerning this matter, please call:	
	Macolm Cark at (904) 333-4401  Name of Person Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
□ \$2	5.00 Filing Fee \$\begin{array}{c} \begin{array}{c} \begin	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



3778 LLC

2023 HAR 29 PH 4: 00

(Name of the Limited Lia	ibility Company as it now appears on our records.) orida Limited Liability Company)	
(ATT	Zena Chiarco Catority Company	
The Articles of Organization for this Limited Liabilit	y Company were filed on 02/15/2023	and assigned
Florida document number L23000083094		
This amendment is submitted to amend the following	g.	
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 designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registongent and/or the new registered office address her		name of the new regis
Name of New Registered Agent:		<del></del> ,
New Registered Office Address:		
	Enter Florida street address	
	Floric	la
	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
MGR	MALCOLM CLARK	9291 CANARY IVY LANE	<b>=</b> Add
		JACKSONVILLE, FL 32219	□ Remove
			□Change
AMBR	MALCOLM CLARK	9291 CANARY IVY LANE	
		JACKSONVILLE, FL 32219	□Remove
			□Change
			□Add
			□Remove
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		<del></del>	□Remove
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			□Remove
			□Change

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effective (	late is listed,	the date must b	e specific an	d cannot be p	orior to date of	filing or mor	e than 90 da	vs after filir	ig.) Pursuant	.to 605,0
<u>e:</u> If the ament's c	date inserte effective da	d in this bloc to on the Dep	k does not i artment of !	meet the ap State's reco	plicable stati ords	utory filing	requiremer	its, this da	te will not l	be listed
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