## L23000088379

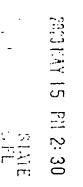
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
SUBJECT: THREE-S	SIX GEN LLC		
THISE.	Name of Lim	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:	
	Corpor	ate Maintenance Lea	ad
	<del></del>	Name of Person	
		Firm Company	<u>.</u>
		1450 Vassar St	
		Address	<u>~</u>
Reno, NV 89502			
		City State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	FH 2: 30
Process	ing Department	at (800 ) 638-2320	전설 30 변 0
	f Person		Telephone Number
Enclosed is a check for the	oa Callowina amaunt		
S≥5.00 Filing Fee     S≥5.00 Filing	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy tadditional copy is enclosed)
Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	n
	issee, FL 32314	2661 Executive Ce Tullahassee, FL 32.	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THREE-	SIX GEN, LLC	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ied Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 02/17/23	and assigned
Florida document number L23000088379		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	liability Company," the designation "LLC" or t	he abbreviation "E.E.C."
Enter new principal offices address, if applicable:		CAI
(Principal office address MUST BE A STREET ADDRESS	₹	
		ഗ
		<del></del>
Enter new mailing address, if applicable:		<del> </del>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	10 0
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		iter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	
	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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGR	Charles Clewiston	.6035_Sw_40Th_Court	
		Miramar, FL 33023	☐ Remove
			Change
		_	
			☐ Remove
		<del></del>	Change
			□ Add Remove
			Charrige :
			Remove
			Change
	-		
			Remove
			Change
	<del></del>	_	
			☐ Remove
			☐ Change

	<del></del>	
	<del></del>	
	1.4	
<u> </u>		
HI an effective Note: If t	date, if other than the date of filing:  N/A  (optional)  we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.	
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie th day after the record is filed.	r of:
Dated	5/5 . 2023 .	
	Signature of a member or authorized representative of a member	73 
	agiliance of a memory of authorized representative of a memor	

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Filing Fee: \$25.00