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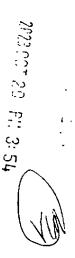
| (Requestor's Name) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

| EHXVEE (| ro LLC | | |
|-----------------------------|--|-------------------------|---|
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Filing MichaelD | | |
| | | Name of Person | |
| | ZenBusiness Inc. | | |
| | Division of Corporations EHNVEE to LLC Name of Limited Liability Company enclosed Articles of Amendment and feets) are submitted for filing. see return all correspondence concerning this matter to the following: Filing Michaell) Name of Person ZenBusiness Inc. Firm/Company 336 E College Ave, Ste 801 Address Tallahassee, FL 32301 City/State and Zip Code fulfillment@ zenbusiness zeom Lenath address: (to be used for future immal report notification) further information concerning this matter, please call: Ing MichaelD clo ZenBusiness Inc. Name of Person Area Code Daytine Lelephone Number losed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certified Copy caldidated copy is enclosed: Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee | | |
| | 336 E College Ave. Ste 30 | 1 | |
| | EHNVEE co LLC Name of Limited Linetity Company sed Articles of Amendment and feets) are submitted for filing. articles of Amendment and feets) are submitted for filing. articles of Amendment and feets) are submitted for filing. Filing MichaelD Name of Person ZenBusiness Inc. Firm Company 336 E College Ave. Ste 301 Address Tallahassee. Ff. 32301 City/State and Zip Code fulfillment@zenbusiness cont Femaliaddress: (to be used for future annual report notification) Finformation concerning this matter, please call: chaelD clo ZenBusiness Inc. Name of Person Area Code Day time Telephone Number S a check for the following amount: D Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Lapting Address: Lapting Address: | | |
| | Tallahassee, FL 32301 | | |
| | | City/State and Zip Code | |
| | | | |
| | | | ication) |
| For further information c | oncerning this matter, please of | all: | |
| Filing MichaelD e/o Zer | Business Inc. | | |
| Name o | f Person | | Lelephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | | tion |
| - | | - | |
| | | | |
| Laflahassee, l | FL 32314 | 2415 N. Monroe | : Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EHXVEE co LLC | | |
|--|--|---|
| (<u>Name of the Limited Liabilit</u> (A Fiorida | y Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 03/01/2023 | and assigned |
| Torida document number 1.23000108798 | <u>_</u> . | |
| this amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limi | ted liability company here: | |
| EHXVEETLC | | |
| he new name must be distinguishable and contain the words "Limi | ited Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDR | (ESS) | |
| | | 2003 - 2013 - 2013 - |
| | | |
| Control was the grand drawn of small as block | | 2 73 |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
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| | | ્રા ભ |
| If amending the registered agent and/or registered gent and/or the new registered office address here; | l office address on our records, <u>enter the</u> | |
| | | |
| Name of New Registered Agent: | | |
| 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 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> | Address | Type of Action |
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| If the date inserted in this block | does not meet the ap | plicable stati | filing or more the | (option on 90 days after the direments, this | nal) iling.) Pursuant to date will not be | o 605,0207 (2 clisted as th |
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