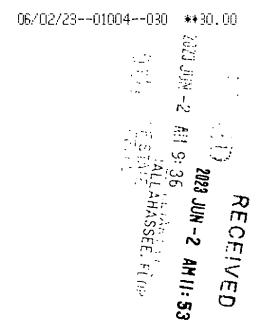
## L23000/60438

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| mail-out                                |
|   |
|   |
|   |

Office Use Only



700408986637



M. F. S. 2013

## **COVER LETTER**

|             | Registration Se<br>Division of Cor |  |   |   |
|-------------|------------------------------------|--|---|---|
| eup inch    | Loyd Robbi                         | ns & Co. LLC                                 |   |   |
| SUBJECT     | l;                                 |  | ited Liability Company  | <del></del>   |
| The enclos  | sed Articles of a                  | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please retu | ırn all correspo                   | ndence concerning this matter                | to the following:   |   |
|             |                                    | Freya Robbins                                |   |   |
|             |                                    |  | Name of Person  |   |
|             |                                    | Loyd Robbins & Co. <b>人</b> 1                | <u>.</u> c.   |   |
|             |                                    | _  | Firm/Company  | <del></del>   |
|             |                                    | 3580 S. Tuttle Ave                           |   |   |
|             |                                    |  | Address   |   |
|             |                                    | Sarasota, FL 34239                           |   |   |
|             |                                    |  | City/State and Zip Code   |   |
|             |                                    | freya@rerobbins.com                          |   |   |
|             |                                    | E-mail address: ()                           | to be used for future annual report noti                            | fication)   |
| For further | information co                     | oncerning this matter, please ca             | all:  |   |
| Freya Rob   | bins                               |  | 941 3215142<br>at ()  |   |
|             | Name of                            | Person                                       | Area Code Daytim  | e Telephone Number  |
| Enclosed is | s a check for th                   | e 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

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

Loyd Robbins & Co. LL C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{3/20/2023}{2}$ and assigned Florida document number L23000160438 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 designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

\_\_\_\_. Florida \_\_\_

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  |
|--------------|--------------------|---------------------------------------|-----------------|
| AMBR         | Freya L. Robbins   | 3580 S. Tuttle Ave Sarasota, FL 34239 | 🗆 Add           |
|              |                    |                                       | ≅Remove         |
|              |                    |                                       | □Change         |
| AMBR         | Alexandra D. Marks | 3580 S. Tuttle Ave Sarasota, FL 34239 | 🗆 Add           |
|              |                    |                                       | <b>≡</b> Remove |
|              |                    |                                       | □ Change        |
|              |                    | -                                     | □ Add           |
|              |                    |                                       | □Remove         |
|              |                    | <del></del>                           | □Change         |
|              |                    |                                       |                 |
|              |                    |                                       | □Remove         |
|              |                    |                                       | □Change         |
|              |                    |                                       | □ Add           |
|              |                    |                                       | □Remove         |
|              |                    |                                       | Change          |
|              |                    |                                       | □ Add           |
|              |                    |                                       | □Remove         |
|              |                    |                                       | □Change         |

| Add Ale                      | xandra D. Marks       | as a shareholde                   | er 3580 S. Tut                | tle Ave Sarasor                         | a, FL 34239                              |                       |   |
|------------------------------|-----------------------|-----------------------------------|-------------------------------|---|--|-----------------------|---|
|                              |                       |                                   |                               |   |  |                       |   |
|                              |                       |                                   |                               | -                                       | •  |                       |   |
|                              |                       |                                   |                               |   |  |                       |   |
|                              |                       |                                   | <u>.</u>                      |   |  |                       |   |
|                              |                       |                                   |                               |   |  |                       |   |
|                              |                       |                                   |                               |   |  |                       |   |
|                              |                       |                                   |                               |   |  |                       |   |
|                              |                       |                                   |                               |   |  |                       |   |
|                              |                       |                                   | _                             |   |  |                       |   |
|                              |                       | <u>.</u>                          | <u> </u>                      |   |  |                       |   |
|                              |                       |                                   |                               |   |  | <del></del>           |   |
|                              |                       |                                   |                               |   |  |                       |   |
|                              |                       |                                   |                               |   |  | <del></del>           |   |
|                              |                       |                                   | _                             |   |  |                       |   |
|                              |                       |                                   |                               |   |  |                       |   |
|                              |                       |                                   |                               | _                                       |  |                       |   |
|                              |                       |                                   |                               |   |  |                       |   |
| ctive date                   | , if other than       | the date of fili                  | ing:                          |   |  | (optional)            |   |
| effective da<br>e: If the da | e is listed, the date | must be specific as block does no | and cannot be protect the app | ior to date of fili<br>dicable statutor | ng or more than 90<br>ry filing requiren | days after filing.) I | Pursuant to 605,0207 ill not be listed as |
| cord specifi<br>filed.       | es a delayed effe     | ective date, but n                | not an effectiv               | e time, at 12:0                         | a.m. on the ear                          | lier of: (b) The      | 90th day after the                        |
| 5/31<br>ed                   |                       | 1                                 | 2023                          |   |  |                       |   |
|                              |                       |                                   | 1/                            | ·                                       |  |                       |   |

Typed or printed name of signee