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Division of Corporations

Fax Number : 🛱 (850)617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112

Phone : (302)575-0875 Fax Number : (302)575-1642

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) office Company)	<del></del>
The Articles of Organization for this Limited Liability Company we Florida document number L23000175702	ere filed on <u>4/10/2023</u>	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbre	viation "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 adeagent and/or the new registered office address here:	dress on our records, enter the name o	of the new registered
	<b>U</b>	^3
Name of New Registered Agent:		53
New Registered Office Address:	Enter Florida street address	<u> </u>
		2
<u> </u>	City Florida	Zip Code (-
New Registered Agent's Signature, if changing Registered Agent:		<del>-</del> 2
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am Jai ovided for in Chapter 605, F.S. Or, if	ninar with ana this document is

APR<21-2023 11:27 From: 302-575-1642 Page: 3/4

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	ALUN COULTER	127 SILVER PINE DRIVE,	
		ST AUGUSTINE, FL 32092	≣Remove
		<del></del>	□Change
MGR	Nicholas Alun Coulter	127 SILVER PINE DRIVE	
		ST AUGUSTINE, FL 32092	□Remove
			Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
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	·		□ Add
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			Change
			□Add
			Remove
			□ Change

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Effective date, if other fan effective date is listed, th Note: If the date inserted document's effective date	han the date of filling that must be specific use in this block does not on the Department of	ng:nd cannot be prior to meet the applicab State's records.	date of filing or mor ole statutory filing	(uption t than 90 days after fil requirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as
record specifies a delaye d is filed.	d effective date, but no	ot an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated April 21		, 2023			
	Signature of	a member or author	ized representative o	a member	
	s. van		٨		