5/17/23, 4:57 PM

Division of Corporations

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Division of Corporations

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: (850)617-6383

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone

Fax Number : (614)573-3996

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MAY 19 2023

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 5 OF

(Name of the Lin	dted Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)		
The Articles of Organization for this Limited Florida document number L23000193007	and assigned			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability com	pany here;		
The new name must be distinguishable and contain the	words "Limited Liability Compan	ny," the designation "LLC" or the a	bbreviation "L.L.	C."
Enter new principal offices address, if appl	cable:		· · · · · · · · · · · · · · · · · · ·	200
(Principal office address MUST BE A STRE	ET ADDRESS)		· ·	-23
			<u> </u>	ÅΥ
			김 결혼	<u> </u>
Enter new mailing address, if applicable:				1
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		⊃ <u>~</u> . ∵	==
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B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	1 our records, enter the nan	ne of the new i	egister
Name of New Registered Agent:	СТ Consoration			
New Registered Office Address:	1200 South Pine Island Ro		·	
	E	nter Florido street address		
	Plantation	, Florida <u>33</u>		
	City		· Zip Code	

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.

Sundia Figal Sandra Zwijack, Assistant Secretary

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

Title	Name	Address	Type of Action
MGR/AMBR	ASG Operations, LLC	400 Convention Street, Suite 1010	
		Baton Rouge, LA 70802	
		Attn: Lucie R. Kantrow	
AMBR	LTF, LLC	233 Yacht Club Drive	
		Niceville, FL 33578	
			□Change
MGR	Cheryl Rogers	233 Yacht Club Drive	□Add
		Niceville, FL 33578	≅Remove
			Change
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is filed.		ved effective date.	but not a	ı effective t	ime, at 12:0	i Ha.m. on	the earlier	of: (b) Th	e 90th day a	ifter the
May	y 17	•		2023						
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