## L23000198233

| (Re                       | questor's Name)   | <del></del>   |
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| (2)                       | 10                |               |
| (City                     | y/State/Zip/Phone | e #)          |
| PICK-UP                   | ☐ WAIT            | MAIL          |
|                           |                   |               |
| (Bu                       | siness Entity Nar | ne)           |
|                           |                   |               |
| (Do                       | cument Number)    |               |
| •                         | ,                 |               |
| Cartifol Casins           | Codificator       | a of Chartura |
| Certified Copies          | _ Certificates    | s of Status   |
|                           |                   |               |
| Special Instructions to I | Filing Officer:   |               |
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Office Use Only

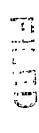


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## **COVER LETTER**

|                  | Registration Sect<br>Division of Corpo |   |   | •   |               | ٠.    |
|------------------|--|---|---|---|---------------|-------|
| SUBJEC           | TBIC WIZ I,                            | LLC   |   |   |               |       |
| DO DO LO         | ··                                     | Name of Lim   | ited Liability Company  |   |               |       |
|                  |  | mendment and fee(s) are subsidence concerning this matter | ·   |   |               |       |
|                  |  | Jason Turchin   |   |   |               |       |
|                  |  | -   | Name of Person  |   |               |       |
|                  |  | Legit Angels, LLC   |   |   |               |       |
|                  |  |   | Firm/Company  |   |               |       |
|                  |  |   |   |   |               |       |
|                  |  |   | Address   |   |               |       |
|                  |  | Weston, FL 33331  |   |   |               |       |
|                  |  | turch22@aol.com   | City/State and Zip Code   |   |               |       |
|                  |  | -   | to be used for future annual report noti                                | fication)   |               |       |
| For furthe       | er information cor                     | ncerning this matter, please ca                           | all:  |   |               |       |
| Jason Tui        | rchin                                  |   | 954 515-5000<br>at ( )  | =   | 7023<br>SEC   |       |
| _                | Name of I                              | Person  |   | e Telephone Number  | 7.023 NOV 1.7 |       |
| Enclosed         | is a check for the                     | following amount:   |   |   | SSE R         | , r 4 |
| <b>■ \$25.</b> 0 | 00 Filing Fee                          | ☐ \$30.00 Filing Fee &<br>Certificate of Status           | \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing<br>Certificate of<br>Certified Cop<br>(additional copy | Feeth ?       |       |
|                  | National And decision                  |   | Samuel Address  |   |               |       |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TBIC WIZ I, LLC  |  |                           |
|--|--|---------------------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited                                   | any я <u>s it now appears on our records.)</u><br>Liability Company) |                           |
| The Articles of Organization for this Limited Liability Company Florida document number L23000198233 | were filed on  | and assigned              |
| ·lorida document number  |  |                           |
| This amendment is submitted to amend the following:  |  |                           |
| A. If amending name, enter the new name of the limited liab  | oility company here:   |                           |
| he new name must be distinguishable and contain the words "Limited Liabi                             | lity Company," the designation "LLC" or                              | the abbreviation "L.L.C." |
| •  | ing company, are doing later to the                                  | 3.77.                     |
| 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 regist    |
| gent and/or the new registered office address here:  |  | 1023                      |
|  |  | 7 T                       |
| Name of New Registered Agent:  |  |                           |
| Name of New Registered Agent.  |  |                           |
| New Registered Office Address:   |  | SC P                      |
|  | Enter Florida street address   | MO N                      |
|  | , Floric   | -11 mg                    |
| <del></del>  | 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 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 Jason Turchin |                   | 2883 Executive Park Drive, Ste 103 |                |
|                   |                   | Weston, FL 33331                   | ■ Remove       |
|                   |                   |                                    | □ Change       |
| MGR               | Legit Angels, LLC | 2883 Executive Park Drive, Ste 103 | <b>=</b> Add   |
|                   |                   | Weston, FL 33331                   | Remove         |
|                   |                   |                                    | Change         |
|                   | <del></del>       | <del></del>                        |                |
|                   |                   |                                    | □ Remove       |
|                   |                   |                                    | □ Change       |
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|  |                    |                  |                     |                 |                 | <u> 20</u>    | 2023 NOV    | 7  |
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|  |                    |                  |                     |                 |                 |               | $\exists$   | i<br>b<br>                               |
| Effective date, if other than the  | date of filin      | g:               |                     |                 | (optio          | nal) (500     | P           | ; li                                     |
| If an effective date is listed, the date mu Note: If the date inserted in this b | st be specific and | d cannot be prio | or to date of filir | ng or more than | 90 days after f | iling.) Pursu | ant to 605. | .0207:                                   |
| document's effective date on the D   |                    |                  |                     | y ming requi    | ements, uns     |               | 3           | u as                                     |
|  |                    |                  |                     |                 |                 | רי            | 1 -         |  |
| e record specifies a delayed effective   | ze date, but no    | t an effective   | time. at 12:01      | a.m. on the     | arlier of: (b)  | The 90th      | day after   | the                                      |
| rd is filed.   |                    |                  |                     |                 |                 |               |             |  |
| N 1 12   |                    | 2022             |                     |                 |                 |               |             |  |
| Dated November 13  | <del></del>        | , 2023           | ·                   |                 |                 |               |             |  |
| _  |                    |                  |                     |                 |                 |               |             |  |
|  |                    |                  |                     |                 |                 |               |             |  |
|  | Signature of a     | member or auti   | horized represe     | ntative of a me | mber            |               |             |  |

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