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Tallahassee, FL 32314

TO:	Registration Se- Division of Cor				,		
OUD IF		eam FL LLC		•	,	• '	
SUBJE	Name of Limited Liability Company						
The enc	losed Articles of .	Amendment and fec(s) are sub	mitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		Anthony Ashworth					
			Name of Person				
			Firm/Company				
		12102 Corner Oaks Drive				Š.	
			Address		****	LWLE:	
		Jacksonville, FL 32223			17 (12)		
	City/State and Zip Code tony@ashworthteam.com I:-mail address: (to be used for future annual report notification)					7:	
For furt	her information co	oncerning this matter, please c				 	
Tony A	shworth			8-8299			
	Name o	Person	at () Area Code	Daytime Telep	ohone Number		
Enclose	ed is a check for th	ic following amount:					
≘ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		☐ \$60,00 Filing Fee Certificate of Sta Certified Copy radditional copy is er	itus &	
	Mailing Addres Registration S	Section		ation Section			
	Division of C P.O. Box 632			n of Corporat ntre of Tallah			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ashworth Team FL LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on May 8,2023	and assigned
Florida document number 1.23000227149		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Anthony Ashworth LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12102 Comer Oaks Drive	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Fl. 32223	
Enter new mailing address, if applicable:		SE 292
(Mailing address MAY BE A POST OFFICE BOX)		
		2.5. 5
B. If amending the registered agent and/or registered office :	address on our records, <u>enter the n</u>	ame of the new registe
gent and/or the new registered office address here:		&
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	
	Florida	
	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
			□Remove
			□Add
			□Remove
			SE CONTRACTOR CONTRACT
			□Add ⊖ □Remove
			□ Cliange ^{' -}
			□Add
			□Remove
			□ Change
	<u></u>		□Add
			□Remove
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing: (optional) cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docum	ent's effective date on the Department of State's records.
f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the led.
Dated	6/25/23
	Signature of a member of a member
	As 17tomy ASHLORITH Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00