# Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DIPHORA LLC Account Number : I20220000014 Phone : (786)280-3205 Fax Number : (561)300-0428

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

Email	Address:	

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EFBADIM SERVICES LLC

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EFBADIM SERVICES LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) Ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
Florida document number L23000239408		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the ab	breviation "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)		
WALLES HALL BUTT OF OTTICE BOAT		
B. If amending the registered agent and/or registered office	e address on our records onto the nom	o of the new vertex
agent and/or the new registered office address here:	c addition on our records, enter the name	e of the new registered
		2023
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	P
	City	Zip Code 🧐
New Registered Agent's Signature, if changing Registered Agen	it:	2

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>	Address	Type of Action
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