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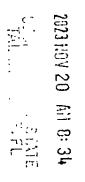




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COVER LETTER

TO:	Registration Section Division of Corporations				••	`.	•
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SUBJE	ECT:Lo	Nama of Line	ited Liability Company				
		.vaile of 1.mi	ned Bladinty Company				
The en	closed Articles of Amendmen	nt and fee(s) are sub	mitted for filing.				
Please	return all correspondence cor	cerning this matter	to the following:				
		_	Tom Guari	10			
			(varie of refault			_	
		Lo	Firm/Company	LLC		_	
			Firm/Company				
		397	N. CArdiNA Address	Ave		_	
			Address				
		Palm	Harbor F	L 34	683	_	
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		E-mail address: (to be used for future anni	al report notific	ation)		£ .
For fur	ther information concerning	this matter, please c	all:			\frac{2}{2!}	g gitterne i , mar næri
	Topo Guar	jao	at (<u>727</u>) Area Code	251-	9 333	2023 1:04 20 AH 8: 34	- 11 - 4 - 17
	Name of Person		Area Code	Daytime T	Telephone Number	で で で で に で い い い に い に い に い に い に い に	[*]
Enclos	ed is a check for the following	g amount:				· ਜ +	0
3 \$2	-	00 Filing Fee & cificate of Status	☐ \$55.00 Filing Fe Certified Copy (additional copy is		Certifie	ate of Status &	
	Mailing Address: Registration Section			Address: tration Secti	ion		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Low-Ch	lo, LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears ited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Comp.	oany were filed on	5/26/23	and assig	дпеd
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	signation "LLC" or t	he abbreviation "L.L	.C."
Enter new principal offices address, if applicable:		 		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			1023 1:0V	1 1
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our re	cords, <u>enter the</u>	name of the new	registered
Name of New Registered Agent:			<u>सं 🗲 </u>	<u>(;)</u>
New Registered Office Address:	Enter Flori	da street address		,
		Florid:	a	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Ag	zent:			

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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TQALLC	397 North CArollyA Ave	□Add
		Palm Hacker FL 34683	Remove
			Change
AMBR	TG ann AG LLC	397 North Carolina Are	- Add
		Palm Harbos, F2 34683	7 ☐ □ Remove
			🗆 Change
AMBR	Salty River Enterprises	5 7901 4th St. N. Siite	300 _□Add
		St. Petersburg, FL 3370	Remove
			□Change
			_ □ Add
			20) 20
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