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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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 OLD FORGE HOLDING LLC

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JUN 19 200281 T. LEMIEUX ;

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Old Forge Holding LLC	•			
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)			
The Articles of Organization for this Limited Liability Com Florida document number L23000285550	npany were filed on 06/13/2023	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)		he abbreviation "L.L.C."		
Enter new mailing address, if applicable:	PO Box 7650			
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33338	20		
B. If amending the registered agent and/or registered of	Mice address on our records, enter the	= 23 = = = = = = = = = = = = = = = = = = =		
agent and/or the new registered office address here:		6 🗚		
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:	Enter Florida street address	5 85		
	, Florida	a		
	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>	Address	Type of Action
MGR	Earl T Shannon	PO Box 7650	
		Fort Lauderdale, FL 33338	□Remove
			Change
MGR	Catherine Romano	PO Box 7650	□Add
		Fort Lauderdale, FL 33338	□ Remove
			■ Change
			□Add
			Remove
			Change
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Tective date, if other than the da	te of filing:		(option	nal)
an effective date is listed, the date must be ote: If the date inserted in this block	specific and cannot be p does not meet the app	rior to date of filing or a dicable statutory fili	more than 90 days after f ng requirements, this	iling.) Pursuant to 605.02 date will not be listed
ocument's effective date on the Depa	rtment of State's reco	rds.		
				
record specifies a delayed effective da is filed.	ite, but not an effectiv	e time, at 12:01 a.m	on the earlier of: (b)	The 90th day after th
June 16	2023	·		
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	nature of a member or a	- /	a of a mamb	

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