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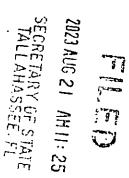
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## **COVER LETTER**

Division of Cor					í
Longthorne	: USA LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jonathan Taboada				
		Name of Person			
	ZenBusiness INC				
		Firm/Company	<del></del>		
	336 E. College Ave Suite	301			
		Address			
	Tallahassee, FL 32301				
		City/State and Zip Code			
	fulfillment@zenbusiness.co			(G <b>~</b>	
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notifica all:	tion)	2023 AUG 21 SECRETAR TALLAHA	<b>7</b> 35
c/o ZenBusiness INC		844 493-6249 at ()		ARY AHAS	**************************************
Name o	f Person		elephone Number	MII: 25 OF STATE SEE, FL	1 3
Enclosed is a check for th	ne following amount:			लें ज	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ie of Status &	)
Matte					
<u>Mailing Addres</u> Registration S		Street Address: Registration Section	on		
Division of C		Division of Corne			

Registration Section
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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Longthorne USA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{07/12/2023}{1}$ and assigned Florida document number \_\_\_\_\_1.23000288154 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2800 N 6TH ST, #5083 Enter new mailing address, if applicable: ST AUGUSTINE, FL 32084 (Mailing address MAY BE A POST OFFICE BOX) St. Johns County US B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	James Anthony Stewart	2800 N 6th St. #5083	<b>=</b> Add
		ST AUGUSTINE, FL 32084	□Remove
		US	□Change
AMBR	Elaine Stewart	2800 N 6TH ST, #5083	<b>=</b> Add
		ST AUGUSTINE, FL 32084	□Remove
		US	□Change
		TALLAHASSEE, FL	2023 AU Removel
			□Remove
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Filing Fee: \$25.00