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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : I20180000086 Phone : (916)576-7000 Fax Number : (800)603-5868

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

Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GAMBINO DEMONS LLC**

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T. LEMIEUX

.To: 18506176383 From: 19166105073 Date: 08/07/23 Time: 9:01 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gambino Demons LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>07/03/2023</u>	and assigned
Florida document number 1.23000317380		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" or	the abbreviation "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)		~.
		. 63 22 23
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		26
	Enter Florida street address	
	Floric	
	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 hability company has been notified in writing of this change.

. .To: 18506176383 From: 19166105073 Date: 08/07/23 Time: 9:01 PM Page: 04/05

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
AMBR	Mario Gambino	3035 SE Maricamp Rd #104-185	🗆 Add
		Ocala FL 34471	NRemove.
			☐ Change
AMBR	Mario Gambino LLC	3035 SE Maricamp Rd #104-185	BAdd
		Ocala FL 34471	
			□Chang e
			□ Add
			□Remove
			□ Change
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Effective date, if other It an effective date is listed, Note: It the date inserte document's effective date.	the date must be specific a d in this block does not	nd cannot be pilor to da . meet the applicable	e of filing or more than 90 statutory filing requiren	(optional) days after filing \ Pursuant to 60 tents, this date will not be lis	DS 0207 (3)(0 sted as the
ne record specifies a delay ord is filed.	ed effective date, but no	of an effective time, a	it 12.01 a.m. on the earl	ier of. (b) - The 90th day aft	ter the
Dated July 21		2023			
	1 One				

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