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| (Requestor's Name) | | | | |
| (Address) | | | | |
| (Address) | | | | |
| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



200420922862

12/27/23--01036--019 **25.00

2023 DEC 27 PM 6: 07

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears on our records.)
Torida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/5/23 _____ and assigned Florida document number L23000318264 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Matthew Horton Name of New Registered Agent: 732 Stone Oak Drive New Registered Office Address: Enter Florida street address Sanford

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

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| Division of Cor | rporations | | | | |
|---------------------------------------|---|--|--|--|--|
| All Climbir | ng Store 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: | | | |
| | Matthew Horton | | | | |
| | | Name of Person | | | |
| | All Climbing Store LLC | isanc of reison | | | |
| | | | | | |
| | Firm/Company 732 Stone Oak Drive | | | | |
| | | | | | |
| | Address | | | | |
| | Sanford, Florida 32771 | | | | |
| | info@allclimbingstore.com | City/State and Zip Code | | | |
| | E-mail address: (| to be used for future annual report notification) | | | |
| For further information c | oncerning this matter, please ca | al): | | | |
| Matthew Horton | | 727 410-7265 | | | |
| | | at () Area Code Daytime Telephone Number | | | |
| Name of Person | | Area Code Daytime Telephone Number | | | |
| Enclosed is a check for the | ne following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | | | |
| Mailing Address: Registration Section | | Street Address: Registration Section | | | |
| Division of Corporations | | Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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/M | Keith Beaver | 2690 Doyle Rd, Deltona FL 32738 | = |
| | | | = Add |
| | | | □Remove |
| | | | □Change |
| MGR/M | Sue-mai Rivera | | |
| | | | □ Remove |
| | | 2690 Doyle Rd, Deltona FL 32738 | |
| MGR/M | Matthew Horton | | = Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | 732 Stone Oak Drive, Sanford FL 32771 | = Change |
| MGR/M | Nicole Waters | | |
| | | | 57.00 |
| | | 732 Stone Oak Drive, Sanford FL 32771 | □Remove |
| | | | ■ Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | Change |

E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member Matthew Horton Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)