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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I2004000031 Phone : (800)906-9220 Fax Number : (800)906-9880

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEORGIA DOCUMENT PROCESSING SERV		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records niled Linbility Company)	<u>,</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 07/10/2023	and assigned
Florida document number 1.23000326481		
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 "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u></u>	
		2024 HOV
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		0.70.11
B. If amending the registered agent and/or registered off	fice address on our records, enter t	
agent and/or the new registered office address here:	nee address on our records, enter t	
		កា ។
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street address	
	Flo	
	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 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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	YIP JOHN	1275 66th St N. PO Box 47249	□ Add
		ST. PETERSBURG, Fl. 33743	
			□Change
			□ Add
			□Change
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			□Remove
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E. Effective date, if other than the (If an effective date is listed, the date ma Note: If the date inserted in this b document's effective date on the E	lock does not	meet the appli	icable statutor	ng or more than 90 y filing requirem	_ (optional) days after filing.) Po ents, this date wi	irsuant to 605.0297 (3)(If not be fisted as the
f the record specifies a delayed effective ecord is filed	e date, but n	nt an officetive	time, at 12 01	a.m. on the earli	er of: (b) The 9	Oth day after the
November 1		2024				
		10>				
	Signature of	n member or aut	horized represe	nistive of a membe	 'T	

Typed or printed name of signee