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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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|--|------------------------------------|---|---|--|--|--|
| CHD IE | Clyde Capit | al Enterprises LLC | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please ret | turn all correspo | ndence concerning this matter | to the following: | | | |
| | | Lexie Rivers | | | | |
| | | | Name of Person | | | |
| | | Prime Corporate Services | | | | |
| Firm/Company | | | | | | |
| 5250 S Commerce Dr Ste 200 | | | | | | |
| Address | | | | | | |
| | | Murray, UT 84107 | | | | |
| | | City/State and Zip Code | | | | |
| | | llcsupport@primecorporateservices.com | | | | |
| | | E-mail address: () | to be used for future annual report notif | ication) | | |
| For furthe | er information co | oncerning this matter, please ca | all: | | | |
| Lexie Ri | vers | | 855 855-4639 | | | |
| | Name of | Person | at () Area Code Daytime | Telephone Number | | |
| Enclosed | is a check for th | e following amount: | | | | |
| ⊠ \$25.0 | 0 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | | |

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clyde Capital Enterprises 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 7/13/2023 Florida document number $\begin{bmatrix} 1 & 23000332530 \end{bmatrix}$ 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Car

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, <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 | Bennett | 1525 Locksley Lane | |
| | | Ponte Vedra, FL 32081 | ■ Remove |
| | | | Change |
| AMBR | Sandra Bennett | 1525 Locksley Lane | Add |
| | | Ponte Vedra, F1, 32081 | ■ Remove |
| | | | □ Change |
| AMBR — | Gregg Bennett | 1525 Locksley Lane | |
| | | Ponte Vedra, FL 32081 | Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
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| Note: | ve date, if other than the date of filing:ective date is listed, the date must be specific and can't lf the date inserted in this block does not meet ent's effective date on the Department of State. | |
| the reco | ord specifies a delayed effective date 90th day after the record is filed. | e, but not an effective time, at 12:01 a.m. on the earlier of: |
| Dated _ | July 25 20 | 023 |
| Jaco _ | ll 2 | ber or authorized representative of a member |
| | Signature of a memi | ber or authorized representative of a member |
| | Gregg Bennett | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00