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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JONES FOSTER P.A.

Account Number : 076077003231

: (561)650-0471

Fax Number : (561)650-5300

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SNEEZY, LLC

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COVER LETTER

| TO: Registration So Division of Cor | | | |
|--|--|--|---|
| SNEEZY, | LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Jordan Johansen | | |
| | | Name of Person | |
| | Jones Foster, P.A. | | ip Code e unnual report notification) 650-0432 ode Daytime Telephone Number ing Fee & Li \$60.00 Filing Fee. Copy Certificate of Status & |
| | | First/Company | |
| | 505 South Flagler Drive, S | | |
| | | Address | |
| | West Pahn Beach, FL 334 | 01 | |
| | | City/State and Zip Code | |
| | jfscrvicc@jonesfoster.com E-mail address: (| to be used for future annual report noti | fication) |
| For further information o | concerning this matter, please c | | |
| Jordan Johansen | | 561 650-0432 | |
| Name o | of Person | Area Code Dayrim | e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |
| Mailing Addre | <u>\$5:</u> | <u>Street Address:</u> | |

Mailing Address: 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

TITO THE COLOR

SNEEZY, LLC

| (A Florida Limited I | .iubility Company) |
|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23000339031</u> | were filed on 07/18/2023 and assigned and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 10248 Mattraw Place |
| (Principal office address MUST BE A STREET ADDRESS) | new mailing address, if applicable: 10248 Mattraw Place Orlando, FL 32836 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| agent and/or the new registered office address here: | address on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent. | |
| New Registered Office Address: | Enter Florida street address |
| | |
| ··· | , Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |
| | |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------------------|----------------------------|----------------|
| MGR | Kevin M. Lybass | 25915 East Dry Creck Place | ≣ :∧dd |
| | | Aurora, CO 80016 | □Remove |
| | | | flChange |
| MGR | T.G. Lybass Limited Partnership | 505 South Flagler Drive | UTAdd |
| | | Suite (100 | ≝Rémove |
| | | West Palm Beach, FL 33401 | Change |
| <u></u> | | | □Add |
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| tian etti <u>Note:</u> | ive date, if other than the ective date is listed, the date in listed in this bent's effective date on the Control of the cont | st be specific an lock does not | nd cannot be pri- meet the appl | icable statutory | or more than 90 d | _ (optional) ays after filing.) I ents, this date w | hrshant to 605.0 | 207 (3)(b) I as the |
| e recor rd is fil | d specifics a delayed effectived. | ve date, but ne | nt an effective | time, at 12:01 a | i.m. on the earlie | er of: (b) The | 90th day after t | he |
| Dated | November 6 | 0 (1 | 2023 | · | | | | |
| | | | member or au | | | | | |

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