Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190

Phone : (844)449-3624 Fax Number : (512)597-0678

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TERMINAL RANK LLC

Certificate of Status	0
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## 2024-11-28 13:15:12 UTC+14 COVER DE LIER

18506176383

From: ZenBusiness User

TO: Registration Section Division of Corporations

Ferminal Rank LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Allison Monzon

		Name of Person		<del>11 11 11 11 11 11 11 11 11 11 11 11 11 </del>	
	ZenBusiness INC				
	Furn/Company				
	336 E. College Ave Suite	301			
		Address			
	Tallahassee, FL 32301				
	City/State and Zip Code				
	fulfillment@zenbusiness.co	m			
	E-mail address: (	to be used for future annual	report notification)		
For further information of	concerning this matter, please c	all:			
c/o ZenBusiness INC		844 49	3-6249		
Name (	nt Person	Area Code	Daytime Teleph	one Number	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is coo		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Malling Address:
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## 2024-11-28 13:15:12 UTC+14 18: AKTICLES OF AMENDMENT 18506176383

From: ZenBusiness User

## TO

ARTICLES OF ORGANIZATION **OF** 

Terminal Rank LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on or oited Liability Company)	n records.)
The Articles of Organization for this Limited Liability Com- Florida document number 1.23000344379	pany were filed on $\frac{2023-07}{}$	20 and assigned
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 designat	ion "EEC" or the abbreviation "E.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		20K4 DEC
Enter new mailing address, if applicable:	<del></del>	
(Muiling address MAY BE A POST OFFICE BOX)		2 PH 2
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records	s, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agentic	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp	•	

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.

To:

Page: 4 of 5 2024-11-28 13:15:12 UTC+14 18506176383 From: ZenBusiness User in amending Authorized rerson(s) authorized to manage, enter the time, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Zackary McDaniel	3929 Salida Del Sol Drsun city center, F1, 33573	[]Add
			Remove
			□Change
<del> </del>			□Add
		<u></u>	
			⊡Change
<del></del>			□Add
			□Remove
			ClChange
			FiAdd
			Remove
			□Change
	<del></del>		UAdd
		<del></del>	[]Remove
			□Change
			□Add
			□Remove
			CiChungo

To:

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

AMANDA MAGWOOD, Memher