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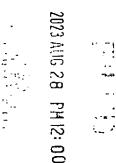
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COVER LETTER

	legistration Se Division of Cor		t.	,		
end neces	Mid Drive	Dive LLC				
SUBJECT	ı: <u></u>	Name of Lin	nited Liability Company	, <u> </u>	•	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		 V C707	3033 •
Please retu	ırn all correspo	ondence concerning this matter	to the following:		7073 VOP 5 S. L.U. 55. 0.0	
		Jacob Zepf				110
			Name of Person		ر - ئ	<u>ာ</u> ာ
		Mid Drive Dive LLC			Ċ	⊃
			Firm/Company		_	
		1122 Gunnison Ave				
			Address		_	
		Orlando, FL 32804				
		into@middrivedive.com E-mail address: (City/State and Zip Code to be used for future annual report not	ification)		
For further	information c	concerning this matter, please c	all:			
Jacob Zepf		407 2068				
	Name o	of Person	at () Area Code Daytime Telephone Number		er	
Enclosed is	s a check for the	he following amount:				
\$25.00) 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)		
	lailing Addres		Street Address:	ection		
Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of	Fallahassee			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mid Drive Dive 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 $\frac{07/21/2023}{1}$ and assigned Florida document number 1.23000345169 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 , Florida

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Cire

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	Matthew Calvin Hinckley	615 E Helm Way	
		Casselberry, FL 32707	□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□Remove
			DAdd
			Bernove* Z
			□Add
			□Remove
		 	□Change
		<u> </u>	
			□Remove
			□Change
			□Add
			□Remove
			□Chance

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Jon Jacob Zepf - 60% ownership per operating agreement Matthew Calvin Hinckley - 40% ownership per operating agreement 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. August 24th Dated __ 2023

Jon J Zepf
Signature of a member or authorized representative of a member

Typed or printed name of signee

Jon Jacob Zepf