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PICK-UP WAIT MAIL					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

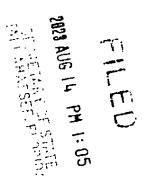
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A. RAMSEY SEP -1, 2023

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	OliverWattsll	Ć.	•		
30b3EC1,	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
Patrick Oliver Faxess					
		diverWattsLLC			
		Firm/Company			
	301 Wes	at Platt st Abulut	····		
		_			
	Tam	City/State and Zip Code			
	Divor	Watts LICA USA . C	2cm		
	E-mail address: (to be used for future annual report not	ification)		
For further information	concerning this matter, please ca	all:			
-	Fakess	at (<u>B13</u>) <u>B17-8</u> Area Code Daytim	1280		
Name	of Person	Area Code Daytim	ne Telephone Number		
Enclosed is a check for	the 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)		
Mailing Addre Registration		Street Address: Registration Se	ction		
Division of O	Corporations	Division of Corporations			
P.O. Box 633 Tallahassee,		The Centre of T 2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED **OF**

Oliverlatel	2023 AUG 14 PM 1: 05
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) (1) I Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L23000349438</u>	Company were filed on $67/94/3033$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Lim	S LLC ited 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 ADDR	301 West Platt St
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	Chelsiea L Smith
New Registered Office Address: 3	Enter Florida street address
	Tampa Florida FL 33666 Zip Code
New Registered Agent's Signature, if changing Registered	

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 Standare 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
	NIM		□Add
			□Change
			□Add
			□Rепюче
			☐ Change
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			Петюус
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(If an effect Note: 1:	ve date, if other that tive date is listed, the date if the date inserted in nt's effective date on	ate must be specific a this block does no	and cannot be prio t meet the applic	r to date of t cable statut	iling or more than	n 90 days aft		
f the record record is file	specifies a delayed e d.	ffective date, but r	юt an effective t	time, at 12:	:01 a.m. on the	earlier of: ((b) The 90th day	after the
Dated _	08/08/20	pa3	_ ·	·				
		Signature of	a member or suth	namenal mene	econtative of a m	unher		_
		Tatrick	Fakess Typed or print	ted name of	signee			_