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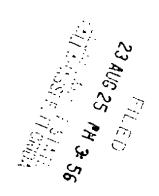
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COVER LETTER

Division of Corp	orations	•	, , , ,
SUBJECT:	BY DN 7 CC Name of Lim	COLLECTIVE LL	*.
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	San	Name of Person	
	The	BYD NZEC (DILEC	tive LLC
	17858	Hamin Bi	ı ci
	Loxana The B	City/State and Zip Code CONZECT MAGNOTIC To be used for future annual report notif	egmail.com
For further information co	E-mail address: (ication)
S'AMANHA L Name of I	eary	at (254) 802 ·	OS 27 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 Address:	<u> </u>	Street Address:	

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

TO:

Registration Section

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

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

The Bronzed Colle	CTVC LL(vas it now appears on our records.)	
(A Florida Limited Liab	ibility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number 123000301412.	vere filed on $\frac{8/1/23}{}$ and assigned	İ
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The Bronzed Magnolia	LLC	
The new name must be distinguishable and contain the words "Limited Liability"	y Company," the designation "LLC" or the abbreviation "L.L.C."	
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)		
_		
D. 16		• .
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, enter the name of the new regi	stere
Name of Nam Desistand Agents		
Name of New Registered Agent:		—
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	
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, enter the title, 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
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			□Remove
			□Change
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lf an effec <u>Note:</u> If	ve date, if other to ctive date is listed, the f the date inserted int's effective date	e date must be spe in this block do	ecific and cannot ses not meet the	applicable stat	f filing or more tha utory filing requ	(option n 90 days after fi irements, this c	ling.) Pursuant to 60	5.0207 (ted as (
e record rd is file	specifies a delayed d.	d effective date,	but not an effe	ective time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day after	er the
Dated _	August	19	, 20	<u>23</u> .				
				ecyli	vej			
	_ 	Signat	ure of a member	or authorized rer	presentative of a m	ember		

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