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TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
SUBJECT: PANO	cess Ferauson	LLC		
· · · · · · · · · · · · · · · · · · ·		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:		
	Princess Fe	Y J USON		
	Princess Feri	JUSON LC Firm/Company		
	1500 NW Sk	AVE		
	Laudernill, FL	33313 City/State and Zip Code	SECRE	2974 JAN 10 AMII: 03
	Princess Hergu E-mail address: (SOMO IMO II COM	ication)	0 .
For further information c	concerning this matter, please ca	all:	6 70 ₁₂ , 	
PINCESS FE	rguson	at (<u>154</u>) <u>232 - 30</u> Area Code Daytime	761 Telephone Number	03
Englosed is a check for t	he following amount:			
到 \$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 tadditional copy is enclosed	
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	ction	
Division of C	Corporations	Division of Corp	porations	
P.O. Box 632	2 /	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Princess Ferguson	LLC
(Name of the Limber Liability) (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 23000 36 4440</u>	inpany were filed on 0802223 and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	(SS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office 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 Cuv Zip Code
	Cuy 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>	<u>Name</u>	Address	Type of Action
MGR	Princess Ferguson	1500 NW Sto AVE	NAdd
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			□Change
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more the te: If the date inserted in this block does not meet the applicable statutory filing requeument's effective date on the Department of State's records.			
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the s filed.	e earlier of: (b) The	e 90th day	after the
ed 12 08 2023			
Signature of a member or authorized representative of a n	rember		-