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Division of Corporations

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rlops@parasec.com

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To: 18506176383 From: 19166105073 Date: 09/19/23 Time: 3:24 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(Name of the Lin	sited Liability Company as it now somen	rs on our records.)	
	. <u>::::::::::::::::::::::::::::::::::::</u>	ilted L(ability Company as it now appea (A Florida Eunited Flability Company)	i a territor in 1715billi ,	
The Articles of Organization	tor this Limited	Liability Company were filed on	08/08/2023	and assigned
•	locument number			-
This amendment is submitted	d to amend the fo	llowing:		
A. If amending name, <u>ente</u>	er the new name	of the limited liability company ho	ere:	
The new name must be distinguish	hable and contain the	words "Limited Liability Company," the c	designation "LUC" or the a	abbreviation "L.L.C."
Enter new principal offices				
Principal office address M				
Enter new mailing address	, if applicable:			
Mailing address MAY BE	A POST OFFICI	E BOX)		
				25 25 25 25 25 25 25 25 25 25 25 25 25 2
				/ -
• • • • • • • • • • • • • • • • • • • •	•	registered office address on our r	ecords, enter the nai	me of the new reg
agent and/or the new regist	tered office addr	ess here:		•
				<u> </u>
Name of New Regi	istered Agent:			
New Registered Of	ffice Address:			<i>د</i> : ا-
Now We Provide Asi	(ince i radional.	Enter Flo	rida street address	
			, Florida	
		Ca;		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.

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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
AMBR	Suzanne Restivo	4600 N Ocean Dr #503	
		Riviera Beach, Florida 33404	(TRemove
			DChange
AMBR Suzanne Weinman Sills	Suzanne Weinman Sills	4600 N Ocean Dr #503	DAdd
		Riviera Beach, Florida 33404	<u>IX</u> Remove
			[] Change
			[]Aud
			IRemove
			: in Change
			DAdd
			©Remove
			LIChange
			🖾 Add
		· · · · · · · · · · · · · · · · · · ·	CIRomove
		·	DChange
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) E. Effective date, if other than the date of filing: __ ្ធ (optional) (If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after (fling.) Pursuant to 605,0207 (3)(h) 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(0) a moon the earlier of: (b). The 90th day after the record is filed. Dated September 7 Signature of a member or authorized representative of a member

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