Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:				

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAIR4PAR LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAIR4PAR LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny ay it now appears on our records.) aability Company)	<del>-</del>
The Articles of Organization for this Limited Liability Company	were filed on 08/10/2023	and assigned
forida document number L23000376743		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET ADDRESS)		023
		" (2
Enter new mailing address, if applicable:		<del>-</del> :
Mailing address MAY BE A POST OFFICE BOX)		5
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	
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 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
MGR	Brian Wininger	231 SILVERVIEW DRIVE	🖸 Add
			Remove
		SARVER, PA 16055	□Change
			□Add
			□Remove
			[]Change
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		********	
Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block	e specific and cannot be prior to c k does not meet the applicable	date of filing or more than 90 days	
document's effective date on the Depa	irtment of State's records.		
he record specifies a delayed effective d ord is filed.	late, but not an effective time	, at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
Dated September 20th	2023		
Sij	enature of a member or authoriz-	wills ed representative of a member	<del></del>
	Erin Saville, At		

Filing Fee: \$25.00