1/19/2024 14:52:51 /CST 1/18/24, 4:20 PM



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

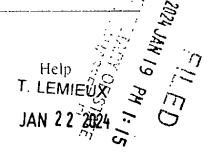
Email Address: EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **UNFAZEDXKITS LLC**

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COVER LETTER

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| TO: Registration Se Division of Co | | | |
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| LINEAT | ZEDVKITO I I C | | ; |
| SUBJECT: UNFAZ | Name of Lim | 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: | |
| | LOVETTE DOBSON | | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | 17350 STATE HWY 249 | #22() | |
| | | Address | |
| | HOUSTON TX 77064 | | |
| | | City/State and Zip Code | , . |
| | EFILE1234@INCFILE.CO | M to be used for future annual report notif | |
| For further information | e-mail address, c | | исан ж ин |
| | concerning this matter, prease c | | |
| LOVETTE DOBSON | | 8884623453 at () | |
| Name o | of Person | Area Code Daytime | : Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25,00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Fiting Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Sec | etion |
| Division of C | Corporations | Division of Corp | porations |
| P.O. Box 632 Tallahassee | | The Centre of T 2415 N. Monroe | allanassee 2 Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000025785 3)))

| UNF | <u>AZEDXKITS LI</u> | _C | |
|--|---|---|---|
| (Name of the Limited Li (A F) | ability Company as it now appears orda Limited Liability Company) | s on our records.) | |
| The Articles of Organization for this Limited Liabili Florida document number <u>L23000378547</u> | ty Company were filed on | 08/11/2023 | and assigned |
| This amendment is submitted to amend the followin | g: | | |
| A. If amending name, enter the new name of the | limited liability company he | <u>re</u> : | |
| The new name must be distinguishable and contain the words | 'Limited Liability Company," the de | esignation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | <u></u> | | |
| (Principal office address MUST BE A STREET AL | DDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent: | ered office address on our re | cords, <u>enter the na</u> | me of the new registere |
| New Registered Office Address: | Estar Flori | da street address - | 24 |
| | Emer Piora | • | 三 三 |
| - | Cuy | , Florida <u>.</u> | SZip Code |
| New Registered Agent's Signature, if changing Regis | tered Agent: | | OF S |
| I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan | id complete performance of i d agent as provided for in Ci tered office address, I hereby | apacity. I further a my duties, and I an hapter 605, F.S. O | grह्य to <u>co</u> mply with the r fa्रा <mark>क</mark> ilia ध्य rith and r. if this document is |
| | If Changing Registered Age | nt, Signature of New F | tegistered 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: (((H24000025785 3)))

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|---------------------------|----------------|
| AMBR | OLIVER BEAUSEJOUR | 5186 NE 6TH AVE APT 724 | □Add |
| | | FORT LAUDERDALE, FL 33334 | Kemove |
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| . If amending | any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: If the | date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)% date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records. |
| the record spe cord is filed. | cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated Jar | uary 18 2024 |
| | Kerry Endory |
| • | Signature of a member or amborized representative of a member |
| | Kerry Belony |
| • | Typed or printed name of signee |