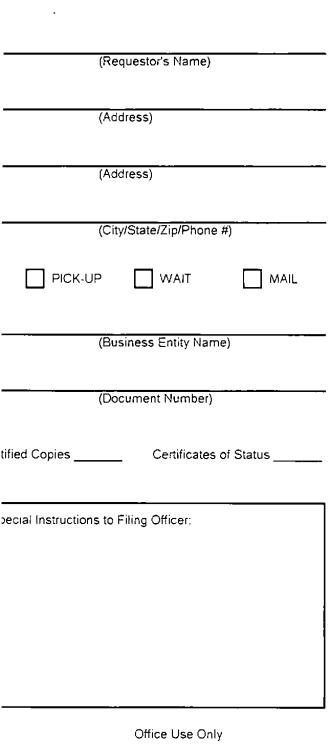
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COVER LETTER

Registration Section Division of Corporations

T:	iminion Central Florida, LLC			
···	Name of Limi	ted Liability Company		
osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
turn all correspo	ondence concerning this matter	to the following:		
	Conort	utkewitte		
		Name of Person		
	Carver	Darden		
		Firm/Company		
	1100 Poydra	s Street, Suite 3100		
		Address		
	New O	rleans, LA, 70163		
		City/State and Zip Code		
		wite@carverdarden.com		
	E-mail address: (t	o be used for future annual report	notification)	
er information c	oncerning this matter, please ca	dl:		
C	Conor Lutkewitte	at (504)	585-3822	
	f Person		rtime Telephone Number	
is a check for th	ne following amount:			
00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &

Mailing Address:

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

Street Address:

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

(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our recor Liability Company)	<u>ds.</u>)	-	-
rticles of Organization for this Limited Liability Company a document number L23000395895	were filed on August 23, 2023		and	assigned
mendment is submitted to amend the following:				
amending name, enter the new name of the limited liab	oility company here:			
w name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abb	reviation	"L.L.C."
new principal offices address, if applicable:				
ipal office address MUST BE A STREET ADDRESS)		<u></u>	021	·
			NOV	77
		HA A	<u>_</u>	
new mailing address, if applicable:		SS. A.O.	<u> </u>	П
ng address MAY BE A POST OFFICE BOX)		S	4 I2	O
		72	ယ္ဟ	
amending the registered agent and/or registered office and/or the new registered office address here:	address on our records, <u>enter</u>	r the name	of the	new regi
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addre	33		
		lorida	7: 0	
	City		Zip Co	ode

Registered Agent's Signature, if changing Registered Agent:

Dominion Central Florida LLC

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and at the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability any has been notified in writing of this change.

moved from our records:

R = Manager BR = Authorized Member

Name	Address	Type of A
William C. Brown	308 St. George Avenue	□Add
	Jefferson, LA 70121 US	= Remo
		□Chang
Giuseppe A. DiPasquale	308 St. George Avenue	□Add
	Jefferson, LA 70121 US	Remo
		≡ Chang
		□Add
		CRemov
		□ Chang
		□Add
		□Remov
		□Chang
	-	□Add
		□Remov
		□Chang
		□Add
		□Remov
		□Change

	managed by a manager. The initial manager shall be Giuseppe A. DiPasquale.
<u>. </u>	
	
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· ·	
e date, if other tha	n the date of filing: (optional)
tive date is listed, the da the date inserted in t	the date of filing:
specifies a delayed ef d.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
November 5	2024
	Signature of a member or authorized representative of a member
GIUSEPPE A. DII	PASQUALE
	Typed or printed name of signee

nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00