Florida Department of State Divisional Con

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To:

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.

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Electronic Filing Menu Corporate Filing Menu

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SEP 11 2023

K. Brumbley

○ 09/07/2023 1:47 PM - 15612148442 → 18506176383 pq 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{08/24/2023}{L23000396797}$.	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

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>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	W. Scot Lloyd	2101 W Commercial Blvd, Suite 4800	≣Add
		Fort Lauderdale, FI, 33309	□Remove
	<u></u>	·····	🗀 Add
			Remove
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e: If the date inserted in this bloc	k does not meet the	applicable statutory	or more than 90 days filing requirements	after filing.) Pursuant to 60; , this date will not be list
ument's effective date on the Dep	artment of State's re	ecords.		
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Filing Fee: \$25.00