L2300045625C

(Re	equestor's Name)	
(Ad	(dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Se Division of Cor			
eun icz	Absolute O			
SUBJEC	.1:		nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Daniel J. Miller		
			Name of Person	
		Discomfort LLC		
			Firm/Company	
		201 N New York Avenue.	Suite 201	
			Address	·····
		Winter Park, FL 32789		
			City/State and Zip Code	
		dan@discomfort.llc		
		E-mail address: (to be used for future annual report	notification)
For furth	er information c	concerning this matter, please c	all:	
Daniel J.	Miller		646 706-100 at ()	
_	Name o	of Person	Area Code Day	vtime Telephone Number
Enclosed	is a check for the	he following amount:		
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5		Street Address Registration	
	Division of C			Corporations
	P.O. Box 632	.7	The Centre of	of Tallahassec
	Tallahassee, I	FL 32314	2415 N. Mor	nroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Absolute Opco LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L23000400985	Company were filed on $\frac{08/25/202}{2}$.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
DISCOMFORT AB OPCO 0002 LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	2023 HOV
		PILED OV 20 AM
Enter new mailing address, if applicable:		5 6
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:		enter the name of the new register
New Registered Office Address:	Enter Florida stree	t address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	·
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	t and agree to act in this capacit complete performance of my dua agent as provided for in Chapter red office address. I hereby conf	ties, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
.			
		□Remove	
		□Change	
			☐Add
			Remove
			□ Change
			□Remove
			□Change
			□Add
		□Remove	
		Change	
 -			
		□Remove	
		□Add	
			□Remove
			☐ Change

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an c Note:	tive date, if other than the date of filing:
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	November 15 2023
	Signature of a member or authorized representative of a member
	Daniel J. Miller

Filing Fee: \$25.00