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2023.

COVER LETTER

TO: Registration Section **Division of Corporations** FIS SODO LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Scott Anderson Name of Person FIS SoDo LLC Firm/Company 8965 Conroy Windermere Rd Address Orlando, FL 32835 City/State and Zip Code scott@fineinkstudios.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Anderson Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & **■ \$25.00** Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIS SoDo LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our reculimited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Conference of Organization for this Liability Conference of Organization for	ompany were filed on 8/30/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	2
Enter new mailing address, if applicable:		20
* **		7
(Mailing address MAY BE A POST OFFICE BOX)		
		——————————————————————————————————————
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>ent</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tress
		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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	2 LOBSTER NC LLC	10934 WEST COLONIAL DRIVE	
		OCOEE, FL 34761	□Remove
			□ Add
			□Remove
			Change
			□ Add
)			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
)			Remove
			□Change

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	73.
	
	F. 0
	<u>_</u>
08/30/2023	
ctive date, if other than the date of filing:	(optional) than 90 days after filing \ Pursuant to 605.0
e: If the date inserted in this block does not meet the applicable statutory filing t	equirements, this date will not be liste
ument's effective date on the Department of State's records.	
	.1 1' 6 (3.) The 000 January
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on filed.	the earner of: (b) The 90th day after
September 6 2023	
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-ae	
Signature of a member or authorized representative of	f a member

Filing Fee: \$25.00