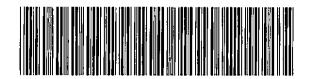
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COVER LETTER

TO: Registration Section Division of Corporations

	DHEAD LLC			
SUBJECT:	2023 OCT 30 DEPARTMEN DIVISION OF C PAULANASS			
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspon	ndence concerning this matter to the following:	AM IO: 55		
	WAYNE E WILLIS	#### 5)	
	Name of Person	_		
	MAGIC REDHEAD LLC			
	Firm/Company	_		
	Address			
	GREEN COVE SPRINGS, FL 32043			
	City/State and Zip Code	_		
	CBSTAX1040@YAHOO.COM	_		
	E-mail address: (to be used for future annual report notification)			
For further information co	oncerning this matter, please call:			
FRANK L FLEISCHMAN 386 328-9098				
Name of		er		
Enclosed is a check for th	e following amount:			
■ \$25,00 Filing Fee	tadditional copy is enclosed Certific	Filing Fee. cate of Status & ed Copy nal 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PILLU

1023 OCT 30 AM 10: 5

DEPARIMENT OF STATE
DEVISION OF CORPORATION
TALLAHASSEF, FLORIO

MAGIC REDHEAD LLC

(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 AUGUST 31, 2023 and assigned Florida document number L23000409174 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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>	Address	Type of Action
Change Change Composition of the composition of t	MGR	SANDRA LEE ACKERLEY	5 GATE HOUSE CT	
DEPARTMENT OF STATE NALLAHASSEE, FLORIDA			DAYTONA BEACH, FL 32119	□Remove
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		ОСТОВЕР	R 23, 2023				
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record specifies a delayed e Lis filed.	ffective date, but t	not an effective t	ime, at 12:01 a.m	i, on the earlier o	f: (b) The 90i	th day afte	r the
ated OCTOBER 23		. 2023	·				
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Typed or printed name of signee