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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THE SKEEN LAW GROUP, P.A.

Account Number : I20160000054 Phone : (954)300-1529 Fax Number : (954)374-9841

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Dara legal @ Skeen law office

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SA & FC HOLDING, LLC

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SEP 3 0 2024

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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		) (i)	j Jagan
agent and/or the new registered office address here:		李5	registere
B. If amending the registered agent and/or registered office add	ress on our records, <u>enter t</u>	ne game of the new ro	<u>ežister</u> t
		S + S	
B. If amending the registered agent and/or registered office add			
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:	<u> </u>		
-			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new principal offices address, if applicable:	<del></del>		
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC"	or the abbreviation "L.L.C	7. "
A. It aidending house, enter the new home of the same of			
A. If amending name, enter the new name of the limited liability	v company here:		
This amendment is submitted to amend the following:			
Florida document number L23000454712			
	re filed on	and assign	ieu
The Articles of Organization for this Limited Liability Company we	Flad on 10/03/2023	and assign	ad

#### 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 Changing Registered Agent, Signature of New Registered Agent

### H240003262443

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>	Name	<u>Address</u>	Type of Action
MGR	Raffacila Fortunato	5323 Bay Side Drive	
_		Orlando, FL 32819	□Remove
			Change
<del>_</del>		<u></u>	□Add
			CRemove
			□ Change
			□Add
			□Remove
			□Change
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			Change
			Remove
			□Change
			□Add
			Remove
			Change

## H240003262443

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Tective date, if other than the done of the date rous: I te: If the date inserted in this blockwant's effective date on the Dep	e specific and cannot be prior k does not meet the applic	cable statutory filing req	(optional) pan 90 days after filing.) quirements, this date v	Pursuant to 605.0207 vill not be listed as
ecord specifies a delayed effective is filed.	date, but not an effective t	ime, at 12:01 a.m. on th	ne earlier of: (b) The	90th day after the
ted	2024			
Lore	nzino Salerno ignature of a member or auth			
<del></del>	ignature of a member or auth	orized representative of a	member	
•	3.	•		

NotaryCam Doc ID: 5dcea0ec-c9cc-42e3-bf7b-3162cea263d1 ling Fee: \$25.00 H240b03262443