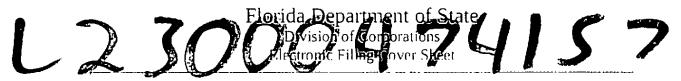
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (85

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Fmail	Address:		

PERSONAL OF STATES OF STAT

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALL AVAILABLE PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL AVAILABLE PROPERTIES LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our recor ability Company)	<u>(ds.)</u>
The Articles of Organization for this Limited Liability Company v	were filed on 10/16/23	and assigned
Florida document number L23000474157		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		ruto
		2.
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	ddeace an our rooneds, anto	or the name of the new register.
agent and/or the new registered office address here:	duress on our records, <u>enre</u>	The name of the new regarders
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addr	755
	, ŀ	Horida
	Cuy	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.

12/19/2023 07:04.40 PST

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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

Title	Name	Address	Type of Action
AMBR	Mike Bailou	1969 Marsh Harbor Dr	🗹 Add
		Riviera Beach, FL 33404	□Remove
			Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			「IChange
			□Remove
			□Change
			□Add
			ERemove
			□Change
			□Add
			Remove

To: 18506176383	Page: 4/4	From: Registered Agents Inc	F
her information, enter char	nge(s) here: (Attach addi	tional sheets, if necessary.)	
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rted in this block does not meet	t the applicable statutory fil	(optional) more than 90 days after fifing.) Pursuant to 60 ing requirements, this date will not be lis	05.0207 sted as
layed effective date, but not an	effective time, at 12:01 a.m	, on the earlier of: (b) The 90th day aft	ter the
2			
	ner than the date of filing:	her information, enter change(s) here: (Attach additional addition	her information, enter change(s) here: (Attach additional sheets, if necessary.) incr than the date of filing: d. the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 reed in this block does not meet the applicable statutory filing requirements, this date will not be lighteen the Department of State's records. [ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the particular of the part o

Fax: 8134365206

Nat Smith

Typed or printed name of signee