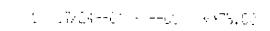
L23000496409

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Y	Name of Lim	horl Garage 4	C
	mendment and fee(s) are sub-	_	
		A. Sanders Name of Person "Lex" Sanders Pr Firm Company	7
	407 WG	eorgie Street Address	
	Starke, For thesanders f	City/State and Zip Code Cim @ Whoo. Um to be used for future annual report noti	fication)
For further information con	cerning this matter, please ca		
Enclosed is a check for the	following amount:		
⅓\$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)
Molling Address		Co A.I.d	

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

The Articles of Organization for this Limited Liability Company were file	ed on and assigned		
Florida document number <u>L23000496409</u> .	and dayighed		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability com	nany here		
<u></u>	pany acce.		
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	野 233		
	ය. ශ		
Enter new mailing address, if applicable:	: ü		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	on our records, <u>enter the name of the new regist</u>		
Name of New Registered Agent:			
New Registered Office Address:			
•	Enter Florida street address		
Civ	, Florida Zip Code		
	Zip Coda		

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

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
Coowner	Patrick Morre	2512 NE 15 Bled	□Add
·		2512 NE 15 Bled Suite 200) Gainesville, FC 33409	DRemove
		Gainesville, FC 30409	□Change
			□Add
			□Remove
			Change
			□Add
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			□ Change

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Effectiv	e date, if other than the date of filing: (optional)
lf an effec Note: I	e date, if other than the date of filing:
	it's effective date on the Department of State's records.
e record rd is file	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
Dated	Suptember 6 2024
_	
	Cute A Sino
	Suptember 4 2024 Crute A 5 mg Signature of a member or authorized representative of a member Lurtis A. Santurs, Reistered Agent Typed or printed name of signee
	A // /