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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TD COMPANY LLC
Account Number : I2024000063
Phone : (407)591-7989
Fax Number : (407)822-9953

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

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VERSATILE LLC

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Docusign Envelope ID: 21156F76-7958-442D-9FD8-E3C036FE2BF7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERSATILE LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our recor rida Limited Liability Company)	' <u>ds.</u>)
The Articles of Organization for this Limited Liability Florida document number L23000498764	y Company were filed on 11/02/2023	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I		C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		(.)
		.3
Enter new mailing address, if applicable:		. :
(Mailing address MAY BE A POST OFFICE BOX)		10
priming dualities will be at 1 our of 11 fee bory		
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, <u>ente</u> : <u>e</u> :	r the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
	, F	lorida
	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.

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11 amenuing Authorized rerson(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
AMBR	MARIA EDUARDA C BARBOSA	9025 CREEKVIEW PRESERVE DR. #309	三 Add
		ORLANDO, FL 32837	□Remove
			□ Change
	4.7		🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
		<u> </u>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			
			□Change

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THE NEW AMBR BEING AD	DDED HAS THE FOLLOWING FULL NAME:
MARIA EDUARDA CASTRO) BARBOSA
-	
	
f an effective date is listed, the date must b	ate of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 k does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
record specifies a delayed effective of is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
AUGUST 16TH	
	Signed by:

Filing Fee: \$25.00