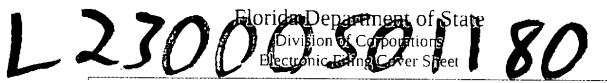
Division of Corporations



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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Division of Corporations Fax Number : (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. **

Email Address:_____

To:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IDEAL SCORE LLC

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

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Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

IDEAL SCORE LLC			
(Name of the Limited	Liability Company as it now appears of Florida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liab	pility Company were filed on 11/03/	23	and assigned
Florida document number L23000501180			and assigned
This amendment is submitted to amend the follow	······································		
A. If amending name, enter the new name of the	he limited liability company here:	:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the desig	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicab			
Principal office address MUST BE A STREET.	ADDRESS)		~3
			623
			<u>ا ا ا ا ا</u>
Enter new mailing address, if applicable:			,
Mailing address MAY BE A POST OFFICE BO	ΟX)		77
			~ ` `
B. If amending the registered agent and/or registered affice address i	istered office address on our reco here:	rds, enter the name	of the new regis
Name of New Registered Agent:			
Name of New Registered Agent.			
		-	
New Registered Office Address:	Enter Florida	street address	
	Enter Florida : Cuy	street address, Florida	Zip Code

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.

12/15/2023 11:57:43 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

<u>Title</u>	Name	Address	Type of Action
AMBR/MGR	LOZADA, JOSE MANUEL	5827 Hillman Dr	ØAdd
		Jacksonville, FL 32244	©Remove
			Change
			🖸 Add
			🖸 Add
			□Remove
			□Change
			□Add
		•	Петюче
			Change
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			□ Change
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	78-78-71		-A		
					
					
					
	- France				
					
					
			· · · · · · · · · · · · · · · · ·		
lf an e <u>Note:</u>	etive date, if other than the date offective date is listed, the date must be a lift the date inserted in this block ment's effective date on the Department.	e specific and cannot be prio c does not meet the appli	r to date of filing or more than cable statutory filing requi	(optional) n 90 days after filing.) Pursuant t frements, this date will not be	o 605.0207 c Fisted as
e rece rd is f	ord specifies a delayed effective d filed.	ate, but not an effective t	time, at 12:01 a.m. on the	carlier of: (b) The 90th day	after the
	DECEMBER 15	2023			
Dated					
Datec	White General		norized representative of a me		