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(((H23000427063 3)))



H230004270633ABC.

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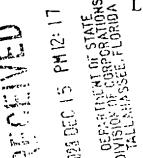
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TO:

### **COVER LETTER**

| mited Liability Company   |
|---|
| abmitted for filing.  |
| er to the following:  |
|   |
| Name of Person  |
| Firm/Company  |
| ) #22()   |
| Address   |
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| call:   |
| 888-462-3453  |
| at () Area Code Daytime Telephone Number  |
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| ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Street Address: Registration Section  |
| Division of Corporations  |
| The Centre of Tallahassee 2415 N. Monroe Street, Suite 810  |
|   |

(((H23000427063 3)))

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (((H23000427063 3))) OF

| ATD LEGA   | ACY LLC   |   |  |  |
|--|---|---|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited   | iny as it now appears on our records.<br>Liability Company)   | )   |  |  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23000549472</u> .  | and assigned  |   |  |  |
| This amendment is submitted to amend the following:  |   |   |  |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:   |   |  |  |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC"                          | or the abbreviation "L.L.C."                      |  |  |
| Control of the late of the lat |   | 623   |  |  |
| Enter new principal offices address, if applicable:  |   |   |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |   |   |  |  |
|  |   | <u>U1</u>   |  |  |
|  |   |   |  |  |
| Enter new mailing address, if applicable:  |   | ယ္.   |  |  |
| Mailing address MAY BE A POST OFFICE BOX)  |   | ည<br>တ  |  |  |
| agent and/or the new registered office address here:   |   |   |  |  |
| Name of New Registered Agent:  |   |   |  |  |
| New Registered Office Address:   | Enter Florida street address                                  |   |  |  |
|  | Flor  | , Florida   |  |  |
|  | City  | Zip Code  |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  |   |   |  |  |
| I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.  | performance of my duties, and provided for in Chapter 605, F. | H am familiar with and S. Or, if this document is |  |  |
| If Chai  | nging Registered Agent, Signature of                          | New Registered Agent                              |  |  |

(((H23000427063 3)))

# 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 (((H23000427063 3)))

| <u>Title</u> | <u>Name</u>   | Address                                 | Type of Action          |
|--------------|---------------|---|-------------------------|
| AMBR         | ANTWUAN DIXON | 1150 Nw 72nd Ave Tower 1 Ste 455 #14200 | □ Add                   |
|              |               | Miami, FL 33126                         | □Remove                 |
|              |               |   | ■Change                 |
|              |               |   | □ Add                   |
|              |               |   | □Remove                 |
|              |               |   | □Change                 |
|              |               |   | □Add                    |
|              |               |   | □Remove                 |
|              |               |   |                         |
|              |               |   | □Add                    |
|              |               |   | □Remove                 |
|              |               |   | Change                  |
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|              |               |   | □Remove                 |
|              |               |   | □Change                 |
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| Note: If the d                    | e, if other than the date<br>ite is listed, the date must be sp<br>ate inserted in this block d<br>fective date on the Departr | loes not meet the appli               | cable statutory filin                 | (optio<br>ore than 90 days after<br>g requirements, this | nal)<br>filing.) Pursuant to 605.01<br>date will not be fisted | 207 (3)<br>l as the |
| he record specif<br>ord is filed. | ies a delayed effective date   | e, but not an effective t             | time, at 12:01 a.m. (                 | on the earlier of: (b)                                   | The 90th day after the   | he                  |
|                                   | December, 14   | 2023                                  |                                       |  |  |                     |
| Dated                             |  |                                       |                                       |  |  |                     |
| Dated                             |  | Antwo                                 | on Dixon                              | of a manhar  |  |                     |

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