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lo:

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

\*\*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 206 W HANCOCK ST LLC

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From: ZenBusiness User H24000128656 3

## ARTICLES OF AMENDMENT TO # ARTICLES OF ORGANIZATION OF

	خز
206 W Hancock St LLC	•
(Name of the Limited Linbility Company as it now app (A Florida Limited Liability Compan	vents on our records. y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number $\frac{1.23000551692}{1.000000000000000000000000000000000000$	01/01/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  ganization for this Limited Liability Company were filed on
The new name must be distinguishable and contain the words "Littited Liability Company," the	te designation "LLC" or the abbreviation "LLLC"
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<u></u>
Mailing address MAY BE A POST OFFICE BOX)	. 12
	70 5.7
	l
B. If amending the registered agent and/or registered office address	
registered agent and/or the new registered office address here:	三
Name of New Registered Agent:	<u>;</u> <u></u> <u> </u>
No. 10 Consul (NOS e National)	
New Registered Office Address:  Emer I	Cortdastrectackless
	. Florida

## New Registered Agent's Signature, it 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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

ZipCode

To:

Page: 3 of 4 2024-04-09 11:34:36 UTC+14 18506176383 From ZenBusiness User 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
AMBR	Magdaline M Olivera, as trustee of the Magdaline M Olivera Living Trust Agreement dated	2507 Jonila Avenue Lakeland, FL 33803-3246	Add
	August 27, 2014		□ Remove
			☐ Change
AMBR	MAĞDALINE M OLIVERA		Add
		2507 JONILA AVENUE LAKELAND, FL 33803	<b>■</b> Remove
		<del> </del>	☐ Change
			Add
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D. If ame	inding any other inform	nation, enter change(s) here: (Attach a	elditional sheets, if necessary.)	
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Note:	If the date inserted in this	te date of filing:  ust be specific and cannot be prior to date of filing block does not nicet the applicable statutor.  Department of State's records	(optional) (or more than 90 days after filing.) Po y filing requirements, this date wi	isuant to 605/0207 (3)(b). I not be listed as the
	ord specifies a delaye 90th day after the re	ed effective date, but not an effect ecord is filed.	ive time, at 12:01 a.m. on	the earlier of:
Dated	March 7	2024		
	/s/MAGDALINE M			
		Signature of a member or authorized represer	tlauve of a member	**********

Page 3 of 3

Typod or printed name of signee

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