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.

(((H24000012067 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GS2 LAW PLLC Account Number : I20230000144 Phone : (305)780-5212 Fax Number : (786)954-3860

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

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T. LEMIEUX JAN 1 0 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	inv as it now appears on our records )	<del></del>	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000554548</u> .	were filed on	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 abl	breviation "L.L.C."	
Enter new principal offices address, if applicable:	3521 N Federal Hwy		
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33431		
Enter new mailing address, if applicable:	3521 N Federal Hwy		
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33431		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	e of the new regist	
Name of New Registered Agent:		<u></u>	
New Registered Office Address:			
	Enter Florida street address	ယ္	
	, Florida	32	
	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.

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Add
			□ Remove
			□ Change
		<del></del>	□Add
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	<del> </del>		🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

lf an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del> </del>
Note	fective date, if other than the date of filing:
ne reco	ord 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 filed.
Dated	January 8 2024
	/s/Eric Sevillia —Signature of a member or authorized representative of a member
	Eric Sevillia  Typed or printed name of signce

Filing Fee: \$25.00