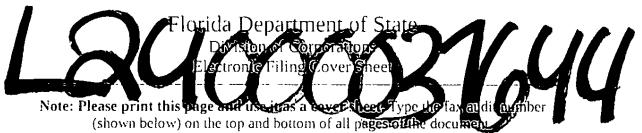
Division of Corporations



(((H240000457133)))



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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-fut annual report mailings. Enter only one email address please

 $\mathcal{Q}$ .Email Address: $\_\_$ 

## ∃ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PLATYPUS MANAGEMENT, LLC

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

T. LEMIEUX

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Corporate Filing Menu

He FEB - \$ 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Platypus Management, LLC			
(Name of the Limited Liability Comps (A Florida Limited)	any as it now appears on our records.) Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company	were filed on 01/19/24	and assigned	
Florida document number L24000037644			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ollity company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrev	nation "L.L.C."	
Enter new principal offices address, if applicable:	12191 W Linebaugh Ave STE 707		
(Principal office address MUST BE A STREET ADDRESS)	Tampa FL 33626		
nter new mailing address, if applicable:			
(Muiling address MAY BE A POST OFFICE BOX)	Tampa FL 33526		
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 of	the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	-7 AH D	
<del></del>	Cuy Florida TO	Cip Gerle	
New Registered Agent's Signature, if changing Registered Agent:	, m	<b>→</b>	

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.

2/2/2024 09:18:40 PST , Fo 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			Change
	<del></del>		□Add
			□Remove
			□Change
			∏Add
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			ĹJRemove
			[JAdd
			□Remove
			□Change

		· · · · · · · · · · · · · · · · · · ·
# <del>************************************</del>		
	date of filing:	
If the record specifies a delayed effective record is filed.	e date, but not an effective time, at 12:01 a.m. on (	the earlier of: (b) The 90th day after the
Dated Feb 2	2024	
17 W Gr.	AV	
<del> </del>	Signature of a member or authorized representative of	a member
Nat Smith		
	Typed or printed name of signee	<del></del>