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(Req	uestor's Name)	1	
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PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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Special Instructions to Fi	ling Officer		

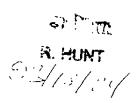
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. COVER LETTER

TO: Registration Se Division of Cor				
K I DL inve SUBJECT:	estments, F.I.C			
SOBJEC 1:	Name of Lim	ited Cability Compacs		
The enclosed Articles of	Amendment and (ce(s) are sub	mated for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Andrea Fownsley			
		Name of Person		
		Firu Company		
	9331 NF 121st St	т ила Смарану	· · · · · · · · · · · · · · · · · · ·	
		Address		
	Archer, 11, 32618		ATE FL	
		City/State and Zip Code	- TA 5	
	atownsley83 a gmail.com			
		to be used for future annual report noti-	lication)	
or further information c	oncerning this matter, please c			
Andrea Townsley		352 256-2874 at ()		
Name o	l'Person	Area Code Daytim	e Felephone Number	
inclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30,00 Piling Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60,00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed	
Mailing Address:		Street Address:	etion	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lieuted Liability C	'ombany as if now annears on or	ir records.)	
(Name of the Limited Liability C (A Florida Lii	mited Liability Company)	() () () () () () () () () ()	
The Articles of Organization for this Limited Liability Com	npany were filed on 1 25 24		and assigned
Florida document number 1.24000047369			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here:		
Six Arrows Business Solutions, LI C			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designat	ion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES			-1
TIMEPAROJICE MARIEM ITOST DE A STREET APPRES	<u> </u>		:
		•	
			√ \$
Enter new mailing address, if applicable:		* * * *	
(Mailing address MAY BE A POST OFFICE BOX)			
			53
B. If amending the registered agent and/or registered o	ffice address on our record:	s. <u>enter the name</u>	of the new regi
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
New registered Office Address.	Lnter Florida stre	ret address	
		. Florida	
	City	rioriga	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 Changing Registered Agent, Signature of New Registered Agent

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	Name	Address	Type of Action
AMBR	Daniel Levangie	9616 SW 1571H LANE, #B8	
		DUNNELLON, FE 34432	■Remove
			Change
AMBR	Andrea Townsley	9331 NE 121st St	= Add
		Archer, Fl. 32618	□Remove
			□Change
			\ \ \ \ \
			·. √ Change
			153 JAdd
			лі ω — ERemove
			□Change
			_______\
			ZRemove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated March 13 2024 Signature of a member or authorized representative of a member Andrea Townsley

Typed or printed name of signee