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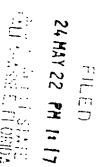
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Special Instructions to F	Filing Officer:	

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COVER LETTER

то:	Registration Se Division of Cor			
SUBJEC	TWENTY	FIVE LLC		
SOBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	etum all correspo	ondence concerning this matter	to the following:	
		SHANNAN SYKES		
			Name of Person	
		TWENTY FIVE LLC		
			Firm/Company	
		2171 HUDSON GROVE I	OR	
			Address	
		JACKSONVILLE, FL 322	118	
		SHANNANSYKES@GMA	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	all:	
SHANN	AN SYKES		904 434-3203 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	he following amount:		
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Sec	ition

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWENTY FIVE LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were	e filed on 01/31/2024 and assigned
Florida document number L24000057655	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	24
(Principal office address MUST BE A STREET ADDRESS)	
	22 正
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ess on our records, <u>enter the name of the new regist</u> o
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	STEPHEN A SYKES	3253 GARDEN ACRES CT	
		JACKSONVILLE, FL 32208	■Remove
			Change
MGR	SHANNAN SYKES	2171 HUDSON GROVE DR	≣ Add
		JACKSONVILLE, FL 32218	□Remove
		_	□Add
			Remove
			□ Change
	 .	_	
			□Remove
			Change
	-		
			□Remove
			Change
			□Add
			□Remove
			□ Change

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neffective 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 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. Excord 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 s filed. MAY 15 2024					
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Filing Fee: \$25.00