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| PICK-UP | WAIT MAIL |
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| Certified Copies | Certificates of Status |
| Special Instructions to Fil | ing Officer: |
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Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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**

Donsight Probution

| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I. | <u>ny as it now appears on our records.)</u> .iability Company) |
|---|---|
| The Articles of Organization for this Limited Liability Company Florida document number 上み状ののちなじ31 | were filed on Feb 1/2024 and assigned |
| This amendment is submitted to amend the following: | -1 ; -¬ |
| A. If amending name, enter the new name of the limited liabil 5006,9kt Powerfor LLC The new name must be distinguishable and contain the words "Limited Liabil | |
| The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | Part Saint Lycil, FL34453 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | paro su patricia AR part saint Lucie, FL 34953 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | iddress on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: New Registered Office Address: \[\text{New Registered Office Address} : \] | 5 Lee Gottshalk Jr. 5W Patricia All FL 34953 Enter Florida street address |

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

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------------------|---------------------------------------|----------------|
| <u>MBR</u> | Dennis Gottshalk | 1250 SW Patricia Me, FL3 | 1253 □Add |
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