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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| CUBICO | | STILLWAGON CONTRACTI | NG LLC | |
| SUBJEC | | Name of Lin | ited Liability Company | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please ret | urn all correspo | ondence concerning this matter | to the following: | |
| | | CLARENCE STILLWAG | ON | |
| | | - | Name of Person | |
| | | ······································ | Firm/Company | |
| | | 610 E ZACK STREET ST | E 110 | <u></u> |
| | | | Address | 75.FH |
| | | TAMPA, FL 33602 | | 2024 HAY -6 SEGRETAR TALLAAF |
| | | | City/State and Zip Code | ٠, مرّ |
| | | Cstillwagon@rs-gc.com | | |
| For furthe | er information c | n-mail address: (oncerning this matter, please c | to be used for future annual report noti all: | fication) |
| CLAREN | ICE STILLWA | GON | 813 853-4786 at () | |
| | Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclosed | is a check for tl | ne following amount: | | |
| ≣ \$25.0 | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 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 | ction |
| Division of Corporations | | | Division of Cor | porations |
| | P.O. Box 632 Fallahassee, l | | The Centre of T 2415 N. Monro | allahassee e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RANKEL STILLWAGON CONTRACTING LL | | |
|---|--|------------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | ompany as it now appears on our records nited Liability Company) | <u>=</u>) |
| The Articles of Organization for this Limited Liability Com | pany were filed on 02/07/2024 | and assigned |
| Florida document number L24000070626 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u> </u> |
| Principal office address MUST BE A STREET ADDRES | <u></u> | CONTRACT OF |
| | | 5 6 |
| Enter new mailing address, if applicable: | | 2 P |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 111 - |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | fice address on our records, <u>enter t</u> | he name of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | rrli. | |
| | Enter Florida street address | |
| | , Flo | rida Zip Code |
| | City | zip wae |

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 | THE EAGLE REVOCABLE TRUS | 610 E ZACK STREET STE 110 | □Add |
| | | TAMPA, FL 33602 | ■Remove |
| | | | □Change |
| MGR | GORDON NEUMAN REVOCABI | 610 E ZACK STREET STE 110 | ≣ Add |
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Filing Fee: \$25.00