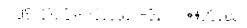
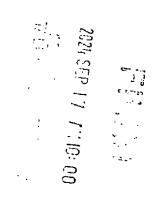


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(Address)	
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TO:

TO: Registration Section Division of Corporations	
SUBJECT: Poseidon Service Name of L	imited Liability Company
The enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Jessica	Rame of Person
Poseidon C	Firm/Company
351374	Address Address
St. Peter	City/State and Zip Code
Jeseph E-mail address	s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
Sessica Rowers Name of Person	at (727) 251 - 95435 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S\$25.00 Filing Fee S\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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

(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.)	
The Articles of Organization for this Limited I Florida document number L24000079318	Liability Company were filed o	on <u>02/13/2024</u>	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability compa	nv here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,	"the designation "LLC" or the abl	reviation; L.L.C."
Enter new principal offices address, if appli	icable:	<u>'-</u>	1 CO -11
(Principal office address MUST BE A STRE	ET ADDRESS)		, <u> </u>
Enter new mailing address, if applicable:			5
Mailing address MAY BE A POST OFFICE	<i></i>		3
B. If amending the registered agent and/or	registered office address on	our records, enter the name	of the new register
agent and/or the new registered office addr		var records, <u>enter the nam</u>	or the new register
Name of New Registered Agent:	Jessica Bowers		
New Registered Office Address:	3513 74th St. n		
New Registered Office Address.	Ent	er Florida street address	
	St. Pete	, Florida ³³⁷	10
	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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			DAdd
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□ Change
			□Add
			□Remove
			□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) 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 _____ Signature of a member of authorized representative of a member

Filing Fee: \$25.00