## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

A contract of the contract of

Account Number : I20240000004

Phone : (775)329-7721

Fax Number : (775)376-9207

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	inompsmarye@gmair.com	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABUNDANT PROPERTY MANAGEMENT SERVICES, LLC

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Page Count	03
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Help

From Corporate Service Center Inc 1.702.507.9682 Tue Jun 11 14:43:05 2024 MDT Page 2 of 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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## ABUNDANT PROPERTY MANAGEMENT SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabi	ility Company were filed on 02/21/24	and assigned
Florida document number L24000090361		
This amendment is submitted to amend the following the submitted to amend the submitted to a submitted the subm	ng:	
$\widetilde{\mathbf{A}}_{c}$ If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or a	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	e;	
(Principal office address MUST BE A STREET A	(DDRESS)	
	The second secon	***************************************
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>er</u> e address here:	iter the name of the new
		2024 JI
Name of New Registered Agent:		`= :::::
New Registered Office Address:		
	Enter Florida street addr <del>ess</del>	<u> </u>
_	, Florid	
-	City	Zip Cộdy
New Registered Agent's Signature, if changing Regi	istered Agent:	பு

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.

From Corporate Service Center Inc 1.702.507.9682 Tue Jun 11 14:43:05 2024 MDT Page 3 of 4

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
MGR	Mary Thompson	4785 Fredrick Street	□ Add
		Hasting, FL 32145	☐ Remove
			□ Change
MGR	Mary Evans	4785 Fredrick Street	
		Hasting, FL 32145	☐ Remove
			☐ Change
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			D Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: A true haddinoisal	shorts, if necessary i
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E. Effective date, if other than the date of filing: N/A  Ill anothers educ is listed, the date must be specific and cannot be prior to date of filing or more <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing is document's effective date on the Department of State's records	(optional) than 20 days after filing (Parsiant ic (*)\$ (12)7 (3); equirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective tur (b). The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier of:
Dated June 10 2024.  May Type To antibuted representative of	'à member
Mary Evans	
Typed or printed name of signice	The second second the second s

Page 3 of 3

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