## 124000098278

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| : NAS                                   |
| ACC 6.0 CCA                             |
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08/13/24--01008--008 \*\*30.00



## COVER LETTER

| TO: Registration Sec<br>Division of Corp |   | • • •   |   |
|--|---|---|---|
| SUBJECT: Card                            | ransad  | iransll   |   |
| Source Cos C                             | Name of Limi                                  | ited Liability Company  |   |
|  |   |   |   |
| The enclosed Articles of A               | amendment and fee(s) are sub-                 | mitted for filing.  |   |
| Please return all correspon              | dence concerning this matter                  | to the following:   |   |
|  | Candia  | CONSTANT Name of Person   | <del></del>   |
|  | Candi Cri                                     | SUMS Production   | nollc   |
|  | 1572 W  | 24th St<br>Address  |   |
|  | Tacisonu                                      | City/State and Zip Code   |   |
|  | E-mail address: ()                            | to be used for future annual report notifi                          | lan@gmail.com   |
| For further information co               | ncerning this matter, please co               | all:  |   |
| Cardico Ch                               | <u>rishar</u><br>Person                       | at (9739) 353<br>Area Code Daytime                                  | Telephone Number  |
| Enclosed is a check for the              | e following amount:                           |   |   |
| □ \$25.00 Filing Fee                     | \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address Registration S           |   | Street Address:<br>Registration Sec                                 | tion  |
| Division of Co                           | orporations                                   | Division of Corp  | orations  |
| P.O. Box 6327<br>Tallahassee, F          |   | The Centre of Ta<br>2415 N. Monroe                                  | allahassee<br>Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited I                                     | Liability Company as it now appears on our records.) Florida Limited Liability Company) |
|--|---|
| (A)  | Florida Limited Liability Company)  |
| The Articles of Organization for this Limited Liabi        | ility Company were filed on $2/26/24$ and assigne                                       |
| Florida document number <u>L3H000098</u>                   |   |
| This amendment is submitted to amend the followi           | ing:  |
| A. If amending name, enter the new name of th              | e limited liability company here:   |
| The new name must be distinguishable and contain the words | s "Limited Liability Company," the designation "LLC" or the abbfediation "L.L.C."       |
| Enter new principal offices address, if applicabl          |   |
| (Principal office address MUST BE A STREET A               | ADDRESS)  |
|  |   |
|  | ## <b>9</b>   |
| Enter new mailing address, if applicable:                  | 52년 - 변<br>현경: <b>연</b>   |
| (Mailing address MAY BE A POST OFFICE BO                   | 200   |
|  |   |
|  |   |
|  | stered office address on our records, enter the name of the new re                      |
| agent and/or the new registered office address h           | <u>iere</u> :   |
|  |   |
| Name of New Registered Agent:                              |   |
|  |   |
| New Registered Office Address:                             |   |
| New Registered Office Address:                             | Enter Florida street address  |
| New Registered Office Address:                             | Enter Florida street address , Florida City Zip Code                                    |

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 |
|--------------|------------------|---|----------------|
| MGR          | CardicoChristian | 1572 W DYTH ST<br>Jackson VIIILE FL 32209 | □Add           |
| MAK          |                  |   | □Remove        |
|              |                  |   | XChange        |
| <u>16</u>    | Definite Fagan   | 1572 WaythSt<br>Jacksonville FL 32209     | □Add           |
|              | <b>Q</b>         |   | XIRemove       |
|              |                  |   | □Change        |
|              |                  |   | □Add           |
|              |                  |   | □Remove        |
|              |                  | <del> </del>                              | □Change        |
|              |                  | · .                                       | □∧dd           |
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|              |                  |   | □Add           |
|              |                  | <del></del>                               | □ Remove       |
|              |                  |   | □Change        |

| D. If am     | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|--------------|--|
|              | Editing Condice Constran's title to  |
|              | Editing Candile Christian's title to "MGR' instead of "CEO   |
|              |  |
|              | Removing De Andre Fagen "VP" completely From uc  |
| •            | The complex of the co |
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|              |  |
| E. Effect    | ive date, if other than the date of filing: (optional)   |
| Note:        | fective 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), If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.   |
| If the recor | rd 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 led.   |
| Dated        | Agritand 302U  |
|              | Signature of a member or authorized representative of a member   |
|              | Cardue Christian   |

E.