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1.	LITEFORGE, LLC (CORPORATE NAME AND DOCUM	(FNT #)
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SPECIA	L INSTRUCTIONS:	

COVER LETTER

TO: Registration So Division of Cor			
LITEFOR	GE, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The analysed Articles of	Amendment and fee(s) are sub-	witted for filing	
	ondence concerning this matter		
	ROBERT SALTSMAN		
		Name of Person	
	ROBERT P. SALTSMAN	P.A.	
		Firm/Company	
	PO BOX 2146		
		Address	·
	WINTER PARK, FL 3279	0	
	· -	City/State and Zip Code	·
	JUDY@SALTSMANPA.C	OM to be used for future annual report no	otification)
For further information	concerning this matter, please or		
ROBERT P. SALTSMA		407 647-2899	
Name (of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	SS:	Street Address:	
Registration	Section	Registration S	
Division of C P.O. Box 633	Corporations 27	Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED 2024 AUG -6 AM 9: 17

LITEFORGE, LLC

(Name of the Limited Liability Company as it now appears on our records. JALL ANASSEE. FLORIDA (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{3/4/2024}{1}$ ____ and assigned Florida document number 424000105226 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CRITTORA, LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ., Florida ___ City 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>	<u>Address</u>	Type of Action
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Effective date, if other than the fan effective date is listed, the date mus	st be specific and cannot be prior to	date of filing or more than 90	(optional) days after filing.) Pursuar	nt to 605.0207 (
Note: If the date inserted in this bl document's effective date on the D	lock does not meet the applical	ole statutory filing requiren	nents, this date will not	: be listed as t
localiteit s effective date on the D	epartment of state a records.			
e record specifies a delayed effectived is filed.	re date, but not an effective tim	ne, at 12:01 a.m. on the ear	lier of: (b) The 90th d	lay after the
Dated AUGUST 2	2024			
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Typed or printed name of signee