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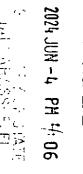
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COVER LETTER

TO: Registration Sect Division of Corpo					
SUBJECT: Add	Tangda Mosley Name of Limi	AS ANTHOTED PE	erson, Ac	ction Age	nt, l
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	Tangela M	Name of Person		2024 JU	71
	Action A	Gert, UC Firm/Company		1024 JUN -4 PH 4: 06	
	P.O. BOX	700744 Address		₩: 06	J
		City/State and Zip Code)	
		to be used for future annual report notif			
For further information con	ncerning this matter, please ca	alt:			
Targela Name of	Mosley	at (678) 362 Area Code Daytime	-4596 Telephone Number		
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACTION AGENT, LLC		_
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on March 4, 2024	and assigned
Florida document number L24000109838	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" o	or the abbreviationL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	- F M
Enter new mailing address, if applicable:		H: 06
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:		
Name Basiletared Office Address:		
New Registered Office Address:	Enter Florida street address	
	. Flor	
	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 **Type of Action Address** Title Name AMBE (OWNER) TANGELA MOSLEY 532 NEPTONE BAY CIRCLE BAGG SAINT CLOWD, FL 34769 □Remove <u>∵</u> □R**€**move □Add □Add ☐ Change Remove _ □Change

				 			
		 					
							
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ffective date, if other than the affective date is listed, the date is Softe: If the date inserted in this locument's effective date on the	must be specific as block does not	nd cannot be prior meet the applic	able statutory fi	more than 90 days	optional) , after filing.) I s, this date w	Pursuant to 605 vill not be list	5,0207 (ed as t
record specifies a delayed effect is filed.	ctive date, but n	ot an effective t	ime, at 12:01 a.r	n, on the earlier o	of: (b) The	90th day afte	r the
June 4		2024					
Targel	, A	-1					
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