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THE SHIFT	ING HUB LLC		
	Name of Lim	ited Liability Company	···········
Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
all correspor	ndence concerning this matter	to the following:	
	LATOYA D POWELL		
		Name of Person	
	THE SHIFTING HUB LL	С	
		Firm/Company	
Division of Corporations THE SHIFTING HUB LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LATOYA D POWELL. Name of Person THE SHIFTING HUB LLC Firm/Company 2285 KINGSLEY AVE. STE A1189 Address ORANGE PARK. FL. 32073 City/State and Zip Code SUPPORT@THESHIFTINGHUB COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LATOYA D POWELL Name of Person That (4) Name of Person That (4) Po66-9960 Daytime Telephon Enclosed is a check for the following amount: Support of Person Enclosed is a check for the following amount: Support of Person The Control of Status Street Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahass The Centre of Tallahass			
		Address	
	ORANGE PARK, FL. 320	773	
Division of Corporations SUBJECT: THE SHIFTING HUB LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: LATOYA D POWELL THE SHIFTING HUB LLC Firm/Company 2285 KINGSLEY AVE. STE A 1189 Address ORANGE PARK. FL. 32073 City/State and Zip Code SUPPORT@THESHIFTINGHUB COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LATOYA D POWELL Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Estate of Status Mailing Fee Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			

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formation co	oncerning this matter, please ca	all:	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 APR -1 PH 3: 17

THE SHIFTING HUB 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 Liability Company were filed on MARCH 08, 2024	and assigned
Florida document number 1.24000119279	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	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 agent and/or the new registered office address here:	ie name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Flor	ida
City	ida 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 provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for in Chapter 605, Finding filed to merely reflect a change in the registered office address. I hereby confirm that company has been notified in writing of this change.	I am familiar with and S. Or, if this document is

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 10 str Kingle, Area Str Allow	Type of Action
Owner	LATOYA D POWELL	Address 2285 Kingsky Ae, Ste A 1189 Ovange Park, FC, 32073	🗏 Add
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Fective date, if other than the date of filing: MARCH 7, 2024 (optional) In 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 605 020 Date: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. The 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 is filed. The specifies a delayed effective date is member or authorized representative of a member.	fective date, if other than the date of filing: MARCH 7, 2024 (optional) In 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 605.020 total in this block does not meet the applicable statutory filing requirements, this date will not be listed ascument's effective date on the Department of State's records. The 90th day after the is filed.		_
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