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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

A 43	Phone	: (307)200-2803
IATE ATIO ORID	Fax Number	: (813)436-5206
r / 3 U.2		for this business entity to be used for future gs. Enter only one email address please.**
## <u>#</u>	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEEDIT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEEDIT 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 03/14/24 and assigned Florida document number ____L24000127831 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" or the abbreviation "LLC." 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

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.

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_____ □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>	Address	Type of Action
MGR	LORENZATTI. MATIAS EZEOUIE	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	⊠ Remove
			□Change
AMBR	LORENZATTI. MATIAS EZEOUIE	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	Z Remove
			☐Change
MGR	Lorenzatti, Matias Ezequiel	7901 4TH ST N STE 300	.5 ☑Add .1
		ST. PETERSBURG, FL 33702	
			☐ ☐ Change
AMBR	Lorenzatti, Matias Ezequiel	7901 4TH ST N STE 300	Z Add
		ST. PETERSBURG, FL 33702	□Remove
			Change
			□Add
			URemove
			(□Change
			□Add
			□Remove
			F**** C***

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.	<i>}</i>
	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The record is filed.	90th day after the
Dated April 3 . 2024	
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
Robin Jones	

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