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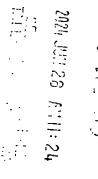
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COVER LETTER

TO:	Registration : Division of Co			
SUBJI	ест: <i> F.</i>	AWLESS FIN Name of Limi	ISH PROS LL ted Liability Company	<u>C</u>
The en	iclosed Articles o	of Amendment and fee(s) are subt	nitted for filing.	
Please	return all corresp	pondence concerning this matter t	to the following:	
		JOSHUA_	E. SHANN Name of Person	
		.	Firm/Company	
		6406 BROG	OK VILLAGE (2V #209
		BRADENTO. Offices of law E-mail address: (1	N FL 34202 Cirly/State and Zip Code LESS FUISH @ 9 Mil o be used for future annual report not	ail Com
For fu	ther information	concerning this matter, please ca		
	JOSHUA Name	S/ANN of Person	at (941) 268- Area Code Daytin	6292 ne Telephone Number
Enclos	ed is a check for	the following amount:		
□ \$ 2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLAWLESS FIN	ISH PROS, LLC Liability Company as it now appears on our record Florida Limited Liability Company)	
(Name of the Limited (A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>Sa)</u>
The Articles of Organization for this Limited Liab Florida document number <u>L24000143</u>		-
This amendment is submitted to amend the follow	ring:	2024 JES
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC	·
Enter new principal offices address, if applicab	ele:	2 <u>2</u>
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	y.
		orida
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR.	TAYLOR M. MEMAHAN	6406 BROOK VILLAGE COVE	15/Add
		APT#209	□Remove
		BRADENTON, FL 34202	□ Change
AMBR_	JUSTIN E. MONTALBANO	26 2161 BOXWOOD ST.	□Add
		NORTH PORT, FL 34289	🗹 Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
		*****	□Remove
			Change
		<u></u>	□ Add
			□ Remove
			□Change
			□ Add
			□Remove
			□Change

	
lf an e <u>Note:</u>	tive date, if other than the date of filing: 6-01-2024 (optional) ffective 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 (agree of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
e reco	ord 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 filed.
Dated	1 JUNE 15TH, 2024.
	ω'
	J. Marian
	Signature of a member or authorized representative of a member JOSHUA E. SHANN Typed or printed name of signee