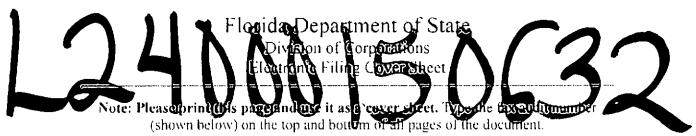
11/25/24, 3:46 PM

Division of Corporations



(((11240003917053)))



H240003917053ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

| mail Address: | ss: | |
|---------------|-----|------|
| mail Address: | ss: | |

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

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | \$55,00 |

M. SOLOMON NOV 2 6 2024

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

| | gistration Se vision of Cor | | | |
|---------------|--------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| CUDIECT. | | ORKS LLC | | |
| SUBJECT: | | Name of Lin | ited Liability Company | _ |
| | | Amendment and fee(s) are sub | | |
| | | Mike Town | | |
| | | | Name of Person | |
| | | Legalzoom.com, Inc. | | 2021 3* |
| | | | Firm/Company | 一 |
| | | 9900 Spectrum Dr | | 2024 NOV 26 PM 4: 42 STATE STATE STATE STATE |
| | | | Address | 55 - 구 : 1 |
| | | Austin, TX 78717 | | |
| | | mymorristribe@yahoo.com | | — 1 fg 12 |
| | | | to be used for future annual report notification) | _ |
| hor further i | information ¢ | oncerning this matter, please co | ail: | |
| Mike Town | 1 | | 800 773-0888 at() | |
| | Name o | ('Person | at () | iber |
| Enclosed is | a check for th | ne following amount: | | |
| □ \$25.00 | Fifing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy Certificational copy is enclosed) Certificational copy is enclosed) | D'Filing Fee, ficate of Status & fied Copy onal copy is enclosed) |
| | Registr Divisio | ING ADDRESS: ration Section on of Corporations ox 6327 | STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building | i: |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

From: Rajiv Srivastava

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| CERROWORKS LLC | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appears on our record Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L24000150632</u> | were filed on 03/28/2024 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | hty Company," the designation "ELC | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 7684 Kipling St. | |
| (Principal office address MUST BE A STREET ADDRESS) | Pensacola, FL 32514 | 202 |
| | | <u> </u> |
| Enter new mailing address, if applicable: | 7684 Kipling St. | V 26 |
| (Mailing address MAY BE A POST OFFICE BOX) | Pensacola, FL 32514 | |
| | | Sin 12 |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: | | ls. enter the name of the n |
| New Registered Office Address: | EnterFloridastreetaddre | |
| | | |
| · | , F1 | loridaZipCode |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, a provided for in Chapter 605, | nd I am familiar with and F.S. Or, if this document is |
| If Chai | nging Registered Agent, <u>Signature</u> | 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

Τo.

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--------------------------------------|-------------------|
| MGR | Katya Monis | 5809 Dunbar Cir. Milton, FL 32583 | |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | · | R R R R 26 |
| | | | |
| | | | - 12 Alle |
| | | | ☐ Remove ☐ Change |
| | | | □ Change |
| | | | □ Remove |
| | | | ☐ Change |
| | | | |
| | | | ☐ Remove |
| | | | ☐ Change |

To:

| | <u> </u> | | · | |
|------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------|
| | | | | |
| | · | | | |
| _ | | | | |
| | | | | |
| | | | | |
| | - | | | |
| _ | | | | |
| | | | | |
| | | | | |
| _ | | | | |
| _ | | | | |
| | | | • | 26 T |
| | | | | |
| | | | | |
| | | | | 1.E |
| | | | | |
| | | | | |
| _ | | | | |
| f an effec <u>Note:</u> H | the date inserted in this block c | e of filing: pecitic and cannot be prior to date of does not meet the applicable stat ament of State's records. | filing or more than 90 days afte utory filing requirements, th | ional) r filing.) Pursuant to 605.0207 is date will not be listed as |
| documer | | ective date, but not an ef | fective time, at 12:01 | a.m. on the earlier of |
| ie reco | rd specifies a delayed eff Oth day after the record | is filed. | | |
| ne reco The 9 | | 2024 | | |
| ne reco | 21 November | | oresentative of a member | 70110 |

Page 3 of 3

Filing Fee: \$25.00