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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HORSE BYTES, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Horse Bytes, 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 Con	npany were filed on April 3, 2024	and assigned		
Florida document number L24000153134				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u></u>			
		2025		
Enter new mailing address, if applicable:	<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
		. ω		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter (</u>	the name of the new registers		
Name of New Registered Agent:				
New Registered Office Address:		=		
	Enter Florida street address	v.		
		orida		
	Cin	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 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
AMBR	Nicole Dominiux Ramsay	3351 Grand Prix Farms Road	
		Wellington, Florida 33414	Remove
			Change
MGR Danielle Lily Goldstein Waldman	Danielle Lily Goldstein Waldman	3351 Grand Prix Farms Road	
		Wellington, Florida 33414	☐ Remove
			☐ Change
		□Add	
		Remove	
		C)Change	
		□Add	
			[]Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change

-	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
 	
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-	
If an effective date Note: If the date	f other than the date of filing:
record specifie d is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Decembe	30 2024
Dall H	ANT (Jan & 2025 11.42 GMT+1)
<u>дания хр</u>	Signature of a member or authorized representative of a member
Dani	lle Lily Goldstein Waldman
	Typed or printed name of signee

Filing Fee: \$25.00