Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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

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.

| Email | Address: | | | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ESSENTIAL HOSTINGS LLC**

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$55.00 |

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Electronic Filing Menu Corporate Filing Menu

Help

From: Candace Pringle

TO: Registration Section

COVER LETTER

| Division of | Corporations | | | | |
|-------------------------|---|---|---|--|--|
| | TIAL HOSTINGS LLC | | | | |
| SUBJECT: | Name of Limit | ed Liability Company | | | |
| | | | | | |
| The enclosed Articles | s of Amendment and fee(s) are subn | nitted for filing. | | | |
| Please return all corre | espondence concerning this matter to | o the following: | | | |
| | Mike Town | | | | |
| | | Name of Person | | | |
| | Legalzoom.com, Inc. | | | | |
| Firm/Company | | | | | |
| | 9900 Spectrum Dr | | | | |
| | | Address | | | |
| | Austin, TX 78717 | | | | |
| | | City/State and Zip Code | | | |
| | services@essentialhostings. | | | | |
| | E-mail address: (to | be used for future annual report noti | fication) | | |
| For further information | on concerning this matter, please cal | H: | | | |
| Mike Town | | 800 773-0888 at () | | | |
| Nar | ne of Person | Area Code Davtim | e Telephone Number | | |
| | | | | | |
| Enclosed is a check f | or the following amount: | | | | |
| □ \$25.00 Filing Fee | e S30.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LegalZoom.com. Inc

| (A FI | iability Company as it now appears on our records.) Iorida Limited Liability Company) | |
|--|--|------------------------------|
| The Articles of Organization for this Limited Liabili Florida document number <u>L24000154858</u> | ity Company were filed on 04/01/2024 | and assigned |
| This amendment is submitted to amend the following | ng: | |
| 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 AI | DDRESS) | |
| | | 262 |
| | | 2674 HG ? |
| Enter new mailing address, if applicable: | | - me |
| Mailing address MAY BE A POST OFFICE BOX | \(\frac{1}{2}\) | 5 |
| Framing dudiess with DE 1 (1990) Of 110E BOIL | <u> </u> | 11: 70: 11 |
| | | <u>.</u> |
| B. If amending the registered agent and/or r registered agent and/or the new registered office: | • • | enter the name of the |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | | |
| New Registered Office Address: | Enter Florida street address | |
| New Registered Office Address: | | ida |

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

Page: 5 of 6

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------|---|----------------|
| MGR | David Camacho | 10976 NW 84TH ST DORAL, FL 33178 | ■ Add |
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| | Papa; 6 of 6 | 2024-11-26 11:02:23 PST | LegalZoom.com, Inc. | From: Candace P |
|-----------------------------|---|--|---|---|
| D. If amer | nding any other inform: | ation, enter change(s) here: (Attach | additional sheets, if necessary.) | |
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| (If an effe <u>Note:</u> | ctive date is listed, the date mu If the date inserted in this b | e date of filing: Ist be specific and cannot be prior to date of fill lock does not meet the applicable statutor department of State's records. | (optional) ng or more than 90 days after filing.) Pursua ry filing requirements, this date will no | ant to 605.0207 (3)(b) of be listed as the |
| | ord specifies a delaye 90th day after the rec | d effective date, but not an effectord is filed. | tive time, at 12:01 a.m. on th | e earlier of: |
| Dated _ | 11/26 | 2024 | | |
| | /S/ Linoat Guill | en Signature of a member or authorized represe | | |
| | | Suprature of a member of authorized repres- | entative of a member | |
| | | organizate of a member of dumping corporate | | |
| | Linoat Guillen | organization and the state of t | | |

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