4/10/2001/10/10/2025 اللبازان وازر DIVIDIUT OF COLDURATIONS BUG TOOL and bottom of all pages of the docume

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RICHARD D. SABA Account Number : 070540000565 : (941)952-8998 Phone Fax Number : (941)954-8361

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

Email Address: \_\_\_ VREIDMIAMI@GMAIL.COM

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			₩
	2500 DR N	· ·	
(Name of the Lim	ited Liability Comp (A Florida Limited	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited l	Liability Company	were filed on 4/9/2024	and assigned
lorida document number L24000162241	*		
his amendment is submitted to amend the fol	llowing;		
If amending name, enter the new name	of the limited list	oility company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the al	breviation "L,L,C,"
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)	N/A	
Inter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		
AMIN'S AM	. <u> </u>		
<ol><li>If amending the registered agent and/or</li></ol>	registered office	address on our records, enter the nan	ie of the new registe
gent and/or the new registered office addr	ess here:		100 100
Name of New Registered Agent:	N/A		55
New Registered Office Address:	N/A		
	<del> </del>	Enter Florida street address	<del> </del>
	N/A	, Florida	
		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

Page: 3

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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	Enoch T Reid	2500 Dr Martin Luther King Way	
		Sarasota, FL 34234	=Remove
			□Change
AMBR	VALRIE REID	9201 SW 150th Street	<b>≅</b> Add
		Miami, FL 33176	□Remove
			□Change
			□Add
			□Remove
			Change
· 			□Add
			□Remove
			☐ Change
	<del></del>		□Add
			Remove
			□ Change
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			Remove
			<del></del>

081, 10, 2025 J.J710

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ective date, if other the n effective date is listed, the of te: If the date inserted in cument's effective date or	iate must be specific a this block does not	and cannot be prior t t meet the applica	o date of filing or me ble statutory filing	(option re than 90 days after fil requirements, this d	ing.) Pursuant to 605.020
cord specifies a delayed of s filed.	ffective date, but n	ot an effective tin	ne, at 12:01 a.m. o	the earlier of: (b)	The 90th day after the
ed April 16		2024			
ed ' T		-,	<b>-</b> ·		
	d D. Dalia	)			