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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004

: (775)329-7721

Fax Number

: (775)376-9207

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

1 Address:	powerzoptain@aoi.com	

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K. SALY

JAN 27 2025

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From Corporate Service Center Inc 1.702.507.9682 Fri Jan 24 10:15:29 2025 MST Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2025 JAN 21, D
TALLAHASSEE FEET ONLY

		TALLAHASSE AND CHAR
	S, LLC	THAT SEE FLORE
(Name of the Limited Liability Compa (A Flurida Limited	Linbility Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/05/24	and assigned
lorida document number <u>L24000162576</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ellity company here:	
he new name must be distinguishable and contain the words "Linuited Liab	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1614 Bella Vista Way	Apartment Q1614
Principal office address MUST BE A STREET ADDRESS)	Port St. Lucie. FL 349	52
Enter new mailing address, if applicable:	1391 St Lucie West B	Ivd #376
Mailing address MAY BE A POST OFFICE BOX	Port St. Lucie, FL 349	86
 If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: 		ds, enter the name of the nev
New Registered Office Address:		
FIGH MESIGINION CATHER STANISMS.	Enter Florida street addr	stt.
		Norlda
	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, Standture of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each nerson being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Valerie Thompson	1391 St Lucie West Blvd #376	
		Port St. Lucie, FL 34986	☐ Remove
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if the date inserted in this block unent's effective date on the Depa	does not meet the applicable status etment of State's records.	lory Oling requirements, this d	ate will not be listed as
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ecord specifies a delayed e ne 90th day after the record	ffective date, but not an effe I is filed.	ective time, at 12:01 a.r	n, on the earlier of
. _d January 24	2025		
d January 24	· · · · · · · · · · · · · · · · · · ·		
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Page 3 of 3

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