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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624

Fax Number

: (512)597-0678

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

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SEP 2 5 2024

To:

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

RibbleuREI LLC		;•
(Name of the Limited Light (A Flori	ollity Company as it now appears on our records.) and Lamited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L24000163301	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	annied Liability Campany," the designation "LLC" of the	ne abbreviation "11C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADI	DRESS)	202
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)) <u>a 19</u>
		<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ter the name of the ne-
registered agent and/or the new registered object ad	idiess nere.	
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida straetaddress	
	, Florida	
	City	ZipCode

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 hability 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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sheila M Ribblen	3540 East Tepee Lane Hernando, FL 34442-4160	■ Add
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			☐ Change
L-100			Add
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		***************************************	☐ Remove
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			□ Change

Page: 4 of 4	2024-09-24 11:34:23 UTC÷14	18506176383	From: ZenBusiness
If amending any other info	ormation, enter change(s) here: [Attach add	ditional sheets, if necessary.)	
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document's effective date on	the Department of State's records.		
f the record specifies a del	ayed effective date, but not an effective	ve time, at 12:01 a.m. or	the earlier of:
b) The 90th day after the		·	
Dated September 23	2024		
/s/ Cordell T Rib			
	Signature of a member or authorized representa	dive of a member	
Cordell T Ribbleu	Typed or printed name of signe		

To:

Page 3 of 3

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