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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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| TO: | Registration Sect Division of Corpe | | | |
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| SURIE | ······································ | Time and | Treasure LL | . С. |
| SUBJECT: Name of Limited Liability Company | | | | |
| | | | | |
| The end | closed Articles of A | mendment and fee(s) are sub | omitted for filing. | |
| Please | return all correspon | dence concerning this matter | to the following: | |
| | | Ant | Name of Person | 10U |
| | | | | |
| | | Time | and Treasure Firm/Company | LLC |
| | | | Firm/Company | |
| | | 5438 | W. Sample R | d_{\cdot} |
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| | | Macga | te FL 3307 City/State and Zip Code drd: ve watch@gi | 7 3 |
| | | | City/State and Zip Code | |
| | | E-villadday | cledive watch a grant to be used for future annual report to | Mail, com |
| | | | | (Incation) |
| For fur | ther information co | ncerning this matter, please of | call: | |
| | Anthony | Sousson | at (954) 682- Area Code Daytin | 7441 |
| | Name of l | Person | Area Code Daytis | me Telephone Number |
| | | | | |
| Enclose | ed is a check for the | following amount: | | |
| ⊘ s 2 | 5.00 Filing Fee | ☐ \$30.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

| | reasure LLC |
|--|---|
| (<u>Name of the Limited Liability Con</u> (A Florida Limit | npany as it now appears on our records.) ed Liability Company) |
| The Articles of Organization for this Limited Liability Compa Florida document number <u>L 24000 206 466</u> | ny were filed on May Z 1/2024 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited li | ability company here: |
| The new name must be distinguishable and contain the words "Limited Lia | ability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET ADDRESS)</u> | 5438 W. Sample Rd Margate FL, 33073 |
| Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> | PO Box 6256 Margate FL, 33093 |
| B. If amending the registered agent and/or registered officing and/or the new registered office address here: | e address on our records, enter the name of the new registered |
| Name of New Registered Agent: AVT | nony Soussou |
| New Registered Office Address: 543 | NONY SOUSSOU Soussous Enter Florida street address Soussous Florida Zin Code |
| 7 100 | City , Florida Sylv 7 3 |
| iew Registered Agent's Signature if changing Pagistared Agen | 4• |

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 |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| If amending any other information, enter change(s) here: (Attach additional sheet | ets, if necessary.) |
|--|--|
| Simply need the registered agen | t address |
| changed so that my current resid | lential address |
| (2515 NW 49th Ter) does no | t appear to |
| those who search my LLC on Si | unbiz. As |
| detailed, the new registered agent | address should be |
| (5438 N Sample Rd) Which is | currently and |
| Simply need the registered agent changed so that my current residence (2515 NW 49th Ter) does not those who search my LLC on Sidetailed, the new registered agent (5438 N Sample Rd) which is a correctly listed online as the private or as the private correctly listed online correctly li | ncipal address |
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| Tha | inh you all! |
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| | AND TO THE REAL PROPERTY OF THE PARTY OF THE |
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| Effective date, if other than the date of filing: | (optional) |
| If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 | 0 days after filing.) Pursuant to 605.0207 |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records. | ments, this date will not be listed as |
| | |
| e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear rd is filed. | rlier of: (b) The 90th day after the |
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| Dated June 359, 2024. | : |
| Dated $\frac{\int \mathcal{N}(\mathcal{L})}{\int \mathcal{L}}$. | - |
| South In | -, |
| Signature of a member or authorized representative of a member | her |
| Anthony Gousson | •• |
| Typed or printed name of signee | |

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