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To:

Division of Corporations

To: 18506176383

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LET'S TALK SUPPLY CHAIN LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

9/24/2024 07:39\_43 PDT • To: 18506176383 Page: 2/4 Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4

Let's Talk Supply Chain LLC		• *
(Name of the Limited Liab) (A Flore	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L24000221567	Company were filed on 05/13/24	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		021
		SEP
B. If amending the registered agent and/or register	ed office address on our records, enter the	name of the new registered
agent and/or the new registered office address here		ED EN
Name of New Registered Agent:		5
New Registered Office Address:		
Enter Florida street address		
	, Florid	
	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.

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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>	<u>Address</u>	Type of Action
AMBR	BARNES, SARAH	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	
			DChange
AMBR	Victoryus LLC	7901 4TH ST N STE 300	ØAdd
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			🗆 Add
			□Remove
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		<del></del>	Remove
			□Change

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E. Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	uant to 605.0207 (3)(b) not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t record is filed.	h day after the
Dated September 24th 2024	
Signature of a member of authorized representative of a member	-
Nat Smith	

Typed or printed name of signee