

L24000223427

Florida Department of State
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880 HOLDINGS, LLC

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8/6/24

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 880 Holdings, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Theresa Marie Kenney, Esq.

Name of Person

Duss, Kenney, Safer, Hampton & Joos, PA

Firm/Company

434S Southpoint Blvd. #101

Address

Jacksonville, FL 32216

City/State and Zip Code

ivanrivera@prmodular.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Marie Kenney, Esq.

904

543-4311

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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(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

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

880 Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 14, 2024 and assigned
Florida document number L24000223427.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

5105 Buffalo Avenue, Suite 3

Jacksonville, FL 32206

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5105 Buffalo Avenue, Suite 3

Jacksonville, FL 32206

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Ivan Rivera

New Registered Office Address: 5105 Buffalo Avenue, Suite 3
Enter Florida street address

Jacksonville, Florida 32206
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.

DocuSigned by:

Ivan Rivera

24F806A3934D473

If Changing Registered Agent, Signature of New Registered Agent

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If attending 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> | <u>Type of Action</u> |
|--------------|-------------------|------------------------------|--|
| MGR | Stanton W. Hudmon | 2650-2 Rosselle Street | <input type="checkbox"/> Add |
| | | Jacksonville, FL 32204 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Ivan Rivera | 5105 Buffalo Avenue, Suite 3 | <input checked="" type="checkbox"/> Add |
| | | Jacksonville, FL 32204 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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Dated June 25 2024

Ivan Rivera

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00