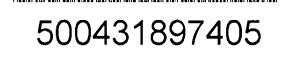
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(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



06/21/24--01003--004 **25.00



COVER LETTER

Division of Corpor	ations		
SUBJECT:TV	ze Sarry S	Mark LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
		_	
	Dougl	Name of Person	
		Name of Person	
	The S	avyy Shark US	
		• •	
	51 Y	ucca St Address	
		Address	
	Middle	burg, FL 320 City/State and Zip Code	168
		City/State and Zip Code	
_	the savv	45 hark 24 @ 9M0 by the used for future annual report notifica	u(, com
For further information conce	erning this matter, please cal	11:	
Darglas M	oore	at (<u>904)</u> 449 - <u>3</u> Area Code Daytime T	3257
O Name of Fel	son	Area Code Daytime i	erepitone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	日 \$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)

TO:

Registration Section

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

Ine Sarry S	hark LLC
(Name of the Limited Lighility (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L24000228</u>	mpany were filed on 5 16 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered or seem and/or the new registered office address here:	office address on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer ranaa sireei aaaress
	, Florida
	Cuy Zıp 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 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 Title Address Type of Action Name buglas Moore 51 yucra St DAdd Middleburg, Fl 32068 OREMOVE Houden I MORE 51 yuca St ___ Add Middleburg, FC 32068 __ Remove _____ ☑Change □Change _____ □Remove ______ □Change □Remove □Change

__ 🗆 Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Signature of a member or authorized representative of a member
	10.00
	Typed or printed name of signee