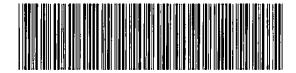
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to Fil	ing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co			
Prism Pen SUBJECT:	works, LLC.		
30bil.C1	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alyssa Shaddeau		
		Name of Person	
	1,24000240843		
		Firm/Company	***
	3860 NW 33rd Place		
	<del></del>	Address	
	Gainesville, FL 32606		
		City/State and Zip Code	
	alyssa@prismpenworks.cor		
	E-mail address: (	to be used for future annual report not	tification)
For further information of	concerning this matter, please c	all:	
Alyssa Shaddeau		352 256-8861	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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 tadditional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	27	The Centre of	-
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records mited Liability Company)	2.2)
ipany were filed on 05/24/2024	and assigned
	<b>U</b>
d liabi <u>lity company here</u> :	
4 Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
<u> </u>	
<u> </u>	
ffice address on our records, <u>enter t</u>	he name of the new registe
	-
Enter Florida stroot address	
	ridaZin Code
1	I liability company here:  Liability Company, "the designation "LLC"  SS)  Enter Florida street address

## 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 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
AMBR	Alyssa Shaddeau	3860 NW 33rd Place Gainesville, FL 32606	<b>=</b> Add
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fective date, if o	other than the date o	of filing:		(optional)	
<u>ote:</u> If the date in	isted, the date must be spenserted in this block do- we date on the Departm	es not meet the appli	cable statutory filing	re than 90 days after filing requirements, this date	) Pursuant to 605.0207 (will not be listed as t
ecord specifies a is filed.	delayed effective date,	but not an effective	time, at 12:01 a.m. of	the earlier of: (b) Th	ie 90th day after the
	/				
06/03 ned		2024	7/		
	. // / \ / /	// //			

Typed or printed name of signee