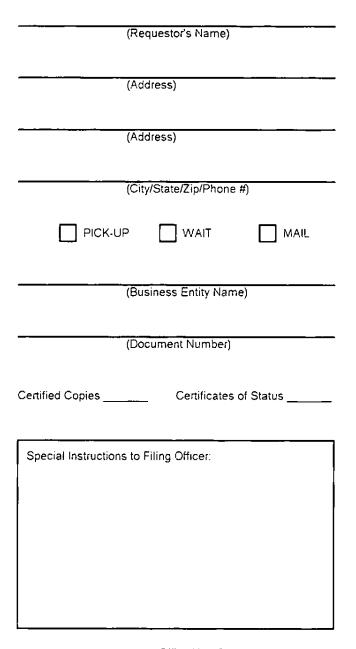
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Big Reputation 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:
Parick Hill JR Name of Person
Big Reputation LLC Firm/Company
218 Lachnagar Mountain Dr.
City/State and Zip Code Squegee Squed, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (304) 767-1233 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

(Name of the Limited Liabili	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L2400024749</u>	9
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lirr	nited 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 ADDI	218 Lochnagar Mountain Dr RESSI St Johns FL. 37259
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	218 Lochnagar Mountain Dr St Johns FL 32259
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	atrick Hill
New Registered Office Address: 21	8 Lochnagar Mountain Dr Englisherida street address
	St Johns Florida 32259

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 Title Type of Action Christine Canaday 1/338 Beacon Dr Dackson Ville FL 32225 Remove ____ □Change _____ []Change __ Change ____ □Remove ☐Change DAdd □Remove

______ □Change

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ffective date, if other than the date an effective date is listed, the date must be tote: If the date inserted in this block ocument's effective date on the Department.	specific and does not m	cannot be prior t eet the applica	o date of tilin	g or more than 9 y filing require	(optional 0 days after filing ments, this date	g.) Pursuant to 605.02
record specifies a delayed effective da Lis filed.	te, but not	an effective tin	ne, at 12:01	a.m. on the ca	rlier of: (b) T	he 90th day after th
ated 15 November		2024	_·			

Filing Fee: \$25.00