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| To: | Division of Corporation Fax Number : (850)6 | |
| From | : | |

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

| Email Address: | EFILE1234@INCFILE.COM |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OLLANDER-KRANE BRICKS 4 KIDS LLC**

| Certificate of Status | 0 |
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| Estimated Charge | \$25.00 |

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COVER LETTER

| | legistration Sc Division of Cor | | | | | | |
|-------------|--|--|---|---------------------------------------|--|----------------------|---|
| SUBJECT | | R-KRANE BRICKS 4 KIDS I | LLC | | | | |
| SUBJECT | | Name of Lim | ited Liability Company | | • | | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please retu | arn all correspo | ondence concerning this matter | to the following: | | | | |
| | | LOVETTE DOBSON | | | | | |
| | | | Name of Person | | | | |
| | | | Firm/Company | | _ | | |
| | | 17350 STATE HWY 249 | STE 220 | | | 2 <u>0</u> 2 | |
| | | | Address | | | i SEI | |
| | | HOUSTON, TX 77064 | | . <u>.</u> | | P - 8 | 9 |
| | | EFILE1234@INCFILE.CO | | | X DE | 2 | (|
| For further | r information c | E-mail address: (oncerning this matter, please c | to be used for future annual report notifica all: | otion) | STATE | 2021 SEP 18 PM12: 05 | ' |
| | E DOBSON | • | 1 888-4 | 62-3453 | , , | | |
| | Name o | f Person | at () Area Code Daytime T | elephone Numb | er | | |
| Enclosed i | s a check for th | ne following amount: | | | | | |
| \$25,00 | 0 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Cupy (additional copy is enclosed) | Certific | Filing Fee, cate of Status d Copy al copy is enclo | | |
| R D P | tailing Address Registration S Division of C 2.O. Box 632 Tallahassee, 1 | Section Forporations 17 | Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3 | orations lahassee Street, Suite | 810 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OLLANDER-KI | RANE BRICKS 4 KIDS LLC | |
|--|---|--|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on our recommed Liability Company) | <u>rds.</u>) |
| The Articles of Organization for this Limited Liability Cor Florida document number $\frac{L^{24000250023}}{L^{24000250023}}$ | mpany were filed on 05/31/2024 | and assigned |
| | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed Hability company here: | |
| OLLANDER-KRANE LLC | | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LI | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u></u> | 3E |
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| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | rate a |
| induity with contrast beautiful to the contrast of the contras | | |
| | | F. 5 |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: | office address on our records, <u>ento</u> | er the name of the new registered |
| | | |
| New Registered Office Address: | Enter Florida street addr | CSS |
| | , | Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered | Agent: | |
| I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change. | inplete performance of my duties, ent as provided for in Chapter 605 | and I am familiar with and 5. F.S. Or, if this document is |
| | If Changing Registered Agent, Signature | e 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 |
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| cument's effective date on the Dep | | ore matations with | S redaironionion | | ,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
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| September 17 | 2024 | | | | | |
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