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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Section Division of Corporations					
GUD IE		gn Entity, LLC				
SUBJEC	<u></u>	Name of Lin	nited Liability Company	-		
The encl	osed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all corre	spondence concerning this matter	to the following:			
		Halle Eavelyn, Registered Agent				
	Name of Person					
	IFG Group, LLC					
Firm/Company						
	3751 SW 146 Ave					
Address						
	Miramar, FL33027					
	City/State and Zip Code					
		halleeavelyn@gmail.com				
		E-mail address:	(to be used for future annual report no	tification)		
For furth	ner informatio	n concerning this matter, please o	eall:			
Halle Ea	welyn		310 2920688 at ()			
Name of Person				ne Telephone Number		
Enclosed	l is a check fo	or the 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 (additional copy is enclosed)		
Mailing Address: Registration Section			Street Address: Registration Se	ection		
Division of Corporations			Division of Corporations			
P.O. Box 6327		327		The Centre of Tallahassee		
Tallahassee, FL 32314		e, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sovereign Entity, LLC			
(<u>Name of the Limited Liability (</u> (A Florida Lia	Company as it now appears on our records.) mited Liability Company)		
The Articles of Organization for this Limited Liability Com	pany were filed on 06/28/2024	and assigned	
Florida document number L24000293067			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u> </u>	. 2	
		7 24 0	
		<u>.</u> .	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		PH	
<u> </u>		ညှင့် လုံ	
		FE: 5	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the	name of the new regis	
Name of New Registered Agent:	 		
New Registered Office Address:			
1.19.1. Tradiscated Office Andreage.	Enter Florida street address		
	, Floric		
	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.

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
			□Add
			□Remove
			Change
			□Remove
			
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			Change

If the record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of, (h). The 90th day after the record is filed.

Dated _:

authorized representative of a member

Halle Eavelyn

lyped or printed name of signee