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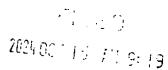
174 Pander's Printing - Thom (sville SA &/CC

603 Thomas and	d Associates L	LC	 <sub> </sub>
Please Debit FC	A000000003 Fo	r: 25	
Thank you Seth	Neelev		
1-	/		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Ait, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
,			Officer Search
1			Fictitious Search
Simplifies	74/		Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
			UCC 11 Search
Name	Date	Time	UCC II Retrieval
Walk-In	Will Picl	k Üp	Courier

	Registration S Division of Co			
SUBJEC		as and Associates LLC		
SUBJEC	-li <u></u>	Name of Lin	ited Liability Company	<del>.</del>
The encle	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Gregory S. Oropeza		
			Name of Person	
		Oropeza, Stones & Carder	nas, PLLC	
		_	Firm/Company	
		221 Simonton Street		
			Address	<del></del>
		Key West, FL 33040		
			City/State and Zip Code	
		greg@oropezastonescarden		
		E-mail address: (	to be used for future annual report not	ification)
For furth	er information	concerning this matter, please c	all:	
Laura Be	esson		305 294-0252 at ( )	
	Name	of Person		ne Telephone Number
Enclosed	is a check for	the following amount:		
□ \$25.0	90 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 Addre		<u>Street Address:</u> Registration Se	ection
	Division of 0	Corporations	Division of Cor	rporations
	P.O. Box 63 Tallahassee,		The Centre of 1 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

## Gocusign Envelope ID: 7996422A-5D73-48C3-9112-E0D07B3D6E00 **ARTICLES OF AMENDMENT** OT ARTICLES OF ORGANIZATION **OF**



603 Thomas and Associates LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears or Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Companies of Organization for this Limited Liability Companies $\frac{L24000314136}{L24000314136}$ .	y were filed on $\frac{7/17/2}{}$	024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	nation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		<u></u> _	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:		rds, enter the name of t	he new registere
New Registered Office Address:			
New Registered Office Address.	Enter Florida	street address	
		, Florida	
-	City	Zij	o Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my provided for in Cha	duties, and I am famili pter 605, F.S. Or, if thi	iar with and s document is
•			

If Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID:,7996422A-5D73-48C3-9112-E0D07B3D6E00 in amending Authorized rerson(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
MGR Scott Zurbrigen	Scott Zurbrigen	603 Thomas St	□Add
		Key West, FL 33040	■Remove
			□Change
AMBR	Carolina Zurbrigen	603 Thomas St	= Add
		Key West, FL 33040	□Remove
			□Change
			□Add
			Remove
			□Change
<del></del>			□Add
			□Remove
			Change
		□Add	
			□Remove
		-	□Change
		<del></del>	□Add
			□Remove
			□Change

). If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
_	
Note: If the	date, if other than the date of filing:
the record sp ford is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 10/	11/2024
	11/2024  - Docustioned by:  Cardina V. Eurbrigen  - C1888875A8FA475 Signature of a member or authorized correspondition of a member.
	=C188BB75ABFA426 Signature of a member or authorized representative of a member
	Carolina Zurbrigen
	Typed or printed name of signee

Filing Fee: \$25.00