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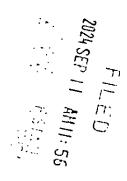
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

	tegistration Sec Division of Corp		·				
endire.		1st Class Franchising, LLC Name of Limited Liability Company					
SUBJEC'	•						
The enclos	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please reti	urn all correspo	ndence concerning this matter	to the following:				
		Rhyan Finch					
	•		Name of Person				
		1st Class Franchising, LLC					
			Firm/Company				
		6330 Hollywood Blvd					
			Address				
	•	Sarasota, FL 34231					
		owners@lstclassagents.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report notification)				
For furthe	r information co	oncerning this matter, please ca	all:				
Faith Kra	ft		251 978-0446				
	Name o	f Person	Area Code Daytime Telephone Number				
Enclosed	is a check for th	ne following amount:	•				
≣ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
 	Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, I	Section Torporations 7	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

2024 SEP	TILED
-105/3	11 AH 11:56

1st Class Franchising, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 22nd, 2024 and assigned Florida document number L24000327866 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __

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
MGR	Nadia Anac	7317 S DE Soto Street Tampa, FL 33616	= Add
			□Remove
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	•		□Add
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				<u>. </u>
Ifective date, if other than the an effective date is listed, the date mulote: If the date inserted in this bocument's effective date on the E	lock does not meet the applic	cable statutory filing requ	(optional) n 90 days after filing.) Pursua irements, this date will no	ını to 605,026 ot be listed a
record specifies a delayed effective is filed.	e date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th	day after th
August 19th	2024			•
RI	2 sin	 .		
	Signature of a member or auth	norized representative of a m	ember	
• Rhyan Finch				

Filing Fee: \$25.00