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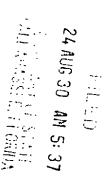
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## **COVER LETTER**

	Registration Se Division of Cor			
SUD IEZ		RBARI LIVERY SERVICE	LLC	
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Theodore R. Walters, Esq.		
			Name of Person	-
		Porter Wright Morris & A	thur LLP	
			Firm/Company	<del></del>
		9132 Strada Place, Third F	loor	
			Address	<del></del>
		Naples, Florida 34108		
		twalters@porterwright.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report	notification)
For furth	er information c	concerning this matter, please c	all:	
Theodor	e R. Walters		239 593-2900	)
	Name o	of Person	at () Area Code Day	time Telephone Number
Enclosed	is a check for t	he following amount:		
	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 5 Division of C P.O. Box 632	Section Corporations	Street Address Registration Division of C	Section

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLBUSH & RBARI LIVERY SERVICE 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 August 1, 2024 and assigned Florida document number [1.24000339838]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 "LLC" or the abbreviation "PL.C. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 3312 Northside Drive #107 Enter new mailing address, if applicable: Key West, Florida 33040 (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

## 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.

\_. Florida \_\_

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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record specifies a delaye	I effective date, but no	ot an effective time,	at 12:01 a.m. on the	e earlier of: (b)	The 90th day after the
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record specifies a delaye I is filed.	8-19	. 7024			The 90th day after the