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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN <3> SUA SPONTE OPERATIONS LLC

Certificate of Status	0
Certified Copy	1
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Help

K. SALY

DEC - 6 2024

COVER LETTER

TO:	Registration Se Division of Cor			
21:01		PONTE OPERATIONS LLC		
SUBJ	ECT:	Name of Limi	ted Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		Mike Town		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
			Address	
		Austin, TX 78717		
			City/State and Zip Code	
		dereck.bohner@gmail.com		
		E-mail address: (6	o be used for future annual report notif	ication)
For fu	ither information co	oncerning this matter, please ca	ll:	
Mike	Town		at () Area Code Daytime	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	5.00 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



<3> SUA SPONTE OPERATIONS 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 __08/20/2024 and assigned Florida document number <u>1.24000365115</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sua Sponte Operations LLC 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 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 ___ City 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

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 affice 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 amendin or removed	g Authorized Person(s) authorized to n I from our records:	nanage, <u>enter the title, name, and pridress of</u>	each person being added Γ	
MGR = Manager AMBR = Authorized Member		manage, enter the title, name, and address of each person being added E		
<u>Title</u>	<u>Name</u>	Address FALLAHASSA.	Type of Action	
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		1072 COLONNADE AVE SE PAEM BAY, FL 32909	■ Remove	
			☐ Change	
AMBR	Azul Bohner			
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D. If ar	nending any other information	i, enter change(s) here: (Attach add	ditional sheets, if necessary.)	
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Filing Fee: \$25.00