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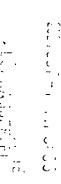
| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| Division of Co | rporations | | |
|--|--|---|---|
| SUBJECT: Sh | Name of Lim | Siness Grap uc | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | LiThry | ranic or regon | <u> </u> |
| | Showhear | + Business Group Firm/Company | uc |
| | 605 Pinc | Tree BIJU Address | |
| | Lake Al | field FL 33850 City/State and Zip Code | <u> </u> |
| | | NESS Group I/C & gmail. | |
| For further information c | concerning this matter, please ca | ill: | |
| LETEM. M. Name o | Jehell of Person | at (<u>863</u>) <u>370. 2</u> Area Code Daytin | 224 ne Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| S \$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 Division of Corporations P.O. Box 6327 | | Street Address: Registration Se Division of Co The Centre of ' | rporations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Showheart Business C | rup LC | | |
|--|---|----------------------------|-----------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on o liability Company) | ur records.) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L24000384554</u> . | were filed onSep | 1 3, 2024 | _ and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designat | tion "LEC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | _ | <u>Σ</u> | |
| | | | (|
| | | : | 1 |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | r i | (<u> </u> |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our record | s, <u>enter the name c</u> | of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida stre | vet address | |
| | | Florida | |
| | 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 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 | LaTanya Mikhell | LALL Alford, FL 33850 | <u></u> X Add |
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| r effectiv <u>te:</u> - If tl | date, if other the we date is listed, the c he date inserted in a effective date or | date must be specifi this block does r | ic and cannot be not meet the a | pplicable statut | iling or more that tory filing requi | (option: 90 days after fili rements, this days | ng.) Pursuant to 6 | 05.020' sted as |
| cord sp s filed. | occifies a delayed c | effective date, but | t not an effecti | ive time, at 12: | 01 a.m. on the | earlier of: (b) | The 90th day at | ter the |
| ed | 9/24/24 | | · | · | | , 1 | | |
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