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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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 JOHN E. PISKOR PLLC

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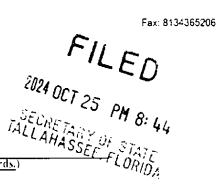
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10/25/2024 13:49:46 PDT

To: 18506176383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JOHN E. PISKOR PLLC

(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	2024 and assigned
Florida document number L24000401118		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liable	ility compa <u>ny here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desig	nation "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 a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our reco	rds, enter the name of the new registered
ALD CLOSE ALL		
New Registered Office Address:	Enter Florida street address	
		Phda.
 	City	, Florida Zip Cede
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my rovided for in Cha	duties, and I am familiar with and open 605, F.S. Or, if this document is
If Chan	ging Registered Agent.	Signature of New Registered Agent

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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	Johnson, Jennifer	37 North Orange Avenue Suite 537	⊘ Add
		Orlando, FL 32801	🗀 Remove
			Change
			□Add
			□Remove
			□Change
		·	TANK TO THE PARTY OF THE PARTY
			SELECT SECTOR
			—————————————————————————————————————
			□Remove
			□Change
			□Add
			©Remove
		<u> </u>	□Change
			🗀 Add
			□Remove

10/25/20**-1** 13:49.46 PDT To. 18506176383 Page: 4/4 Fax 8134365206

D. II amending any other inform	tation, enter change(s) here: (Attach additional sheets, if necess	(a _.).)
		
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	ust he specific and cannot be prior to date of filing or more than 90 days after fili- plock does not meet the applicable statutory filing requirements, this da	ng.) Pursuant to 605,0207 (3)(b)
f the record specifies a delayed effect record is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated October 25	. 2024	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Nat Smith Typed or printed name of signee	