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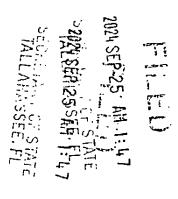
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COVER LETTER

Division of Corporations William Richard Ferguson III LLC SUBJECT: _____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lee R Carr II Name of Person Carr Law Group PA Firm/Company 200 Central Ave Ste 400 Address St Petersburg, FL 33701 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William Richard Fergusion III Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. ☐ \$55,00 Filing Fee & ☐ \$30.00 Filing Fee & **■** \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

	Company as it now appears on our records 4 SEP 25 AH 1:47
William Richard Ferguson III LLC	Commence of the property of
(Name of the Limited Liability (A Florida L	imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number 1.24000401248	mpany were filed on September 13, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	Cuv 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	Pierce B Ferguson	1814 Doric Dr	■Add
		Tallahassee, FL 32303	
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Filing Fee: \$25.00

Typed or printed name of signee