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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000409596 3h)



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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

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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CODE-626 LLC

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Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menti

Help

TO:

COVER LETTER

TO: Registration S Division of Co			
Code-626			
SUBJECT:	Name of Lim	ited Liability Compony	
The enclosed Articles o	l'Amendinent and fee(s) are sub	muted for filing	
	ondence concerning this matter		
	Mike Town		
	gr	Name of Person	
	Legalzoom com, Inc.		
		Firm/Company	WA WA WA WA TO 17
	9900 Spectrum Dr		
		Addiess	
	Austin, TX 78717		
		City/State and Zip Code	
	jdrycr@smoothsarlinggroup		
	E-mail address (to be used for future annual report not	(fication)
For further information	concerning this matter, please ea	a) l	
Mike Town		\$00 773-0888 at ()	
Same	of Person	Area Code Daytin	te Telephone Number
linclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed:
Regis	.ING ADDRESS: tration Section on of Corporations	STREET/COURI Registration Section Division of Corpo	ın
P.O. F	30x 6327 tassec, FL 32314	Clifton Building 2001 Executive Co	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Code-626 LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records limited Linbility Company)	<u>,</u>)
The Articles of Organization for this Limited Liability Co. Florida document number 1,24606412149	mpany were filed on 09/23/2024	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:	
Code (% LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbieviation "L.L.C."
Enter new principal offices address, if applicable:		·
Principal office address MUST BE A STREET ADDRE	ESSY	
		•
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office addressed agent and/or the new registered office addressed Name of New Registered Agent:		enter the name of th
New Registered Office Address:	Enter Florida street address	
	171	atat.
	Cin:	rida

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 Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			_ □ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
	MARLON DE LA CONTRACTION DEL CONTRACTION DE LA C		
			☐ Remove
			Change
			☐ Remove
			☐ Change
			O Add
			□ Remove
			□ Change
	-		Add
			☐ Remove
			☐ Change

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If an effect Note: 11	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	2/12/24
	/S/ Jason Tyler Dryer
	Signature of a member or authorized representative of a member