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## **COVER LETTER**

· TO: Registration Section

Division of Cor	porations			
SUBJECT:	Name of Litr	nited Liability Company		
The anglewed Agricles of	Amandanan and Externage ash	mirror for filing		
The enclosed Afficies of	Amendinent and ree(s) are sur	utilitied for fining.		
Please return all correspo	ondence concerning this matter	to the following:		
	Reid Christensen			
	Christensen Accounting & Tax Services Ine  Firm Company  387 Cedarstone Way  Address  St Augustine, FL 32092  City/State and Zip Code reid/agchristensenaccounting.net  E-mail address; (to be used for future annual report notification)  information concerning this matter, please call:  meen  954  Area Code  1 448-0841  Area Code  Daytime Telephone Number  Area Code Certificate of Status  Certificate Copy redditional copy is eachesed)  illing Address: gistration Section rision of Corporations Division of Corporations The Centre of Tallahassee			
Christensen Accounting & Tax Services Inc		Tax Services Inc		
		Firm Company		
	387 Cedarstone Way			
		Address		
	St Augustine, FL 32092			
		City/State and Zip Code		
			otification)	
For further information c	oncerning this matter, please c	all:		
Reid Christensen		954 448-0841		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for th	ne following amount:			
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= \$25.00 rining rec	<del>-</del>	Certified Copy	Certificate of Status & Certified Copy	
Mailing Addres				
Registration Section				
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Tallahassee, I			roe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Metro Slders LLC

2024 OCT 15 AM 10: 32

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

ALLAHAS The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/30/2024}{1}$ and assigned Florida document number \_\_\_\_\_L24000422752 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Metro Sliders LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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
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			□Remove
			☐Change
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(H'an ci <u>Note:</u>	tive date, if other than the date of filing: oq/30/2024 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after t	he
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ord is t	10/11/2024	

Filing Fee: \$25.00