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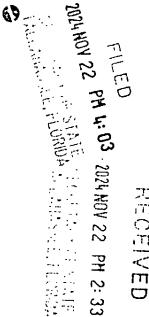
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Division of Co			
Legal Noti	ces LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael J. Hirsch		
	_ -	Name of Person	
	Michael J. Hirsch Revocal	ole Trust	
		Firm/Company	
	207 OBrien Road, Unit 10	1	
		Address	
	Fern Park, FL 32730		
		City/State and Zip Code	
	mhirsch@iseatek.com	1	36 31
For firsthur information		to be used for future annual report	notification)
	concerning this matter, please c		
Katherine Azcona		407 702-670 at ()	2
Name o	of Person	Area Code Da	ytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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 Addre Registration		<u>Street Addres</u> Registration	
Division of C			Corporations
D O D (3)	` ·		A

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Docusign Envelope ID: 112D3698-2467-4743-A59C-34A2941A5629

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

(Name of the Limited Liability Com	ipany as it now appears on our records/): () Sinite and Liability Company)
(A Florida Limite	d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 11/32024 and assigned
lorida document number L24000481245	., y were med on and assigned
iorida document number	
This amendment is submitted to amend the following:	
If amounting name anton the contract of the Binds of H	L016.
A. If amending name, enter the new name of the limited lia	ability company nere:
he new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "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:	
nter new mailing address it annicable:	·
Mailing address MAY BE A POST OFFICE BOX)	
Mailing address MAY BE A POST OFFICE BOX)	
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered offic	e address on our records, enter the name of the new regis
	e address on our records, <u>enter the name of the new regis</u>
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered offic	e address on our records, enter the name of the new regis
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered offic	e address on our records, enter the name of the new regis
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter the name of the new regis</u>
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our records, enter the name of the new regis
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New 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.

Docusign Envelope ID: 112D3698-2467-4743-A59C-34A2941A5629 in amending Authorized rerson(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>	<u>Address</u>	Type of Action
MGR	Michael J. Hirsch	207 OBrien Road, Unit 101, Fern Park, FL 32730	🗆 Add
			□Remove
			Change
MGR	Jacqueline O. Hirsch	207 OBrien Road, Unit 101, Fern Park, FL 32730	□Add
			□Remove
MGR	Lee B Ossin	207 OBrien Road, Unit 101, Fern Park, FL 32730	
			□Remove
			= Change
			□Add
			□Remove
			□Change
			□ Add
		·	□Remove
			□Change
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			□Remove
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Effective date, if other than the day fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	does not meet the applic	cable statutory filing requ	(optional) in 90 days after filing.) Pursuan direments, this date will not	t to 605.0207 (be listed as t
record specifies a delayed effective dad is filed.	tte, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th de	ay after the
November 22	. 2024			
	Signed by	L Hirsele		
	Pa(uau	C [NFXLW		
Sig		orized representative of a n	nember	