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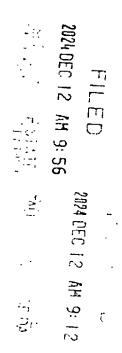
| (Re                     | questor's Name)    |             |
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| ,                       | ry/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to |                    |             |
|                         | 7. HO              | 2NE 2024    |





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## **COVER LETTER**

| TO: Registration Section Division of Corporations |   |  |
|---|---|--|
| SUBJECT: 4205RR, LLC                              | C   |  |
| 30b3EC1   |   |  |
|   |   |  |
| The enclosed Articles of Amendment and fee(s)     | ) are submitted for filing.   |  |
| Please return all correspondence concerning this  | s matter to the following:  |  |
| Danny   | Division of Corporations  JECT: 4205PR, LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  The return all correspondence concerning this matter to the following:  DAMNY MANAUS U  Name of Person  MINAUS U  Name of Person  MINAUS U  Firm/Company  1701 Hermitage Blvd, Stc 100  Address  Talkhau (ee Ft 3730 8  City/State and Zip Code  dany Company  Li-mail address: (to be used for future annual report notification)  Jurther information concerning this matter, please call:  Attel Pac  Name of Person  Area Code  Daytime Telephone Number |  |
| MUMOUND   | 111110000   |  |
| 1701 Hen  | Address   |  |
| Talky   | MI(ee, Fl 32308   |  |
| <u>danni</u>                                      | 10 Marausalaw.com   |  |
| For further information concerning this matter,   | please call:  |  |
| Katie Rac   | at (850) 597-7614   |  |
| Name of Person                                    |   |  |
| Enclosed is a check for the following amount:     |   |  |
|   | Status Certified Copy Certificate of Status & Certified Copy Certified Copy   |  |
| Mailing Address: Registration Section             | Street Address: Registration Section  |  |
| Division of Corporations<br>P.O. Box 6327         | Division of Corporations The Centre of Tallahassee  |  |
| Tallahassee, FL 32314                             | 2415 N. Monroe Street, Suite 810  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 DEC 12 AM 9:56

420SRR, LLC

(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 Florida document number <u>L24000492875</u> .   | y were filed on 11/21/2024                                    | and assigned   |
|---|---|--|
| This amendment is submitted to amend the following:   |   |  |
| A. If amending name, enter the new name of the limited liab   | bility company here:  |  |
| The new name must be distinguishable and contain the words "Limited Liab  | oility Company," the designation "LLC                         | C" or the abbreviation "L.L.C."                        |
| Enter new principal offices address, if applicable:   |   |  |
| (Principal office address MUST BE A STREET ADDRESS)   |   | <u> </u>   |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |   |  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:   | address on our records, enter                                 | the name of the new registered                         |
| Name of New Registered Agent:   |   |  |
| New Registered Office Address:  | Enter Florida street addre.                                   | s.s  |
|   | , Fl  | lorida<br>Zip Code                                     |
|   | ŕ   | Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent  | <u>::</u>   |  |
| I hereby accept the appointment as registered agent and ag<br>provisions of all statutes relative to the proper and complet<br>accept the obligations of my position as registered agent as<br>being filed to merely reflect a change in the registered offic<br>company has been notified in writing of this change. | e performance of my duties, a<br>provided for in Chapter 605, | nd I am familiar with and F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

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 I        | Iain Harnden | 211 John KNox Road, Suite 105 | □Add           |
|              |              | Tallahassee, FL 32303         |                |
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|                        |   |             |              |             |             |               |                              |                            |                                    |   |                                  |
| Note: If               | e date, if oth<br>tive date is listed<br>the date inser<br>it's effective d | ted in this | block does   | not meet    | the applic  | cable statu   | filing or mo<br>story filing | re than 90 da<br>requireme | _ (optionays after filters, this d | <b>al)</b><br>ing.) Pursua<br>ate will no | nt to 605,0207<br>t be listed as |
| record s<br>d is filed | specifies a del<br>l.   | ayed effect | ive date, bu | it not an c | :ffective t | ime, at 12    | :01 a.m. o                   | n the earlie               | er of: (b)                         | The 90th o                                | day after the                    |
| Dotted                 | ecember 11  |             |              |             | 024         |               |                              |                            |                                    |   |                                  |
|                        |   |             |              |             |             |               |                              |                            |                                    |   |                                  |
|                        | 1 0~  | =           | Ciamatura    | of a man    | nor or auch | orized res-   | ocontative -                 | fa mombar                  |                                    |   |                                  |
|                        | Q <sup>2</sup>  |             | Signature    | of a mem    | ber or auth | orized repr   | esentative (                 | f a member                 |                                    |   |                                  |