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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004 : (775)329-7721 Phone Fax Number : (775)376-9207

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

gloriamurrah@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PHOENIX & PEGASUS VENTURES, LLC

Certificate of Status	0
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CSOS AS NAL T. LEMIEUXIOH From Corporate Service Center Inc 1.702.507.9682 Mon Jan 20 13:08:53 2025 MST Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	· •		
· PHOENIX	& PEGASUS VENTURES, LLC		
	ability Company as it now appears on our records.) orida Limited Liability Company)		
(Art	lorida Limited Clapitity Company)		
The Articles of Organization for this Limited Liabili	ty Company were filed on 11/26/24	and as	signed
Florida document number <u>L24000497230</u>			
Florida document number	······································		
This amendment is submitted to amend the followin	g:		
4. If amonding many autouthe name of the	limited Habitity company horas		
A. If amending name, enter the new name of the	tunited habitely company nege:		
the new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	obteviation "L	alaCi
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		
		21	
		125	
		<u>ر :</u> تر :	
Enter new mailing address, if applicable:		10	
<u>(Mailing address MAY BE A POST OFFICE BOX</u>	<u> </u>		
		75	- 1 - 1
		ب	•-
	egistered office address on our records, enter	the name	of the nev
registered agent and/or the new registered office	address nere:		
Name of New Registered Agent:		•••••	
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Ziv 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 Changing Registered Agent, Signature of New Registered Agent

From Corporate Service Center Inc 1.702.507.9682 Mon Jan 20 13:08:53 2025 MST Page 3 of 4

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 = Munager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Gloria Murrah	1646 Torrington Circle	D Add
		Longwood, FL 32750	☑ Remove
MGR	Gloria Lemons	1646 Torrington Circle	⊡ A d d
		Longwood, FL 32750	□ Remove
			☐ Change
			D Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
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			☐ Remove
			Change

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Effective date, if other than the c	late of filing; N/A	(optional)	
Note: If the date inserted in this blo	ck does not meet the application	to date of filing or more than 90 days after filing.) Pursuant to table statutory filing requirements, this date will not be I	
document's effective date on the Dep	partment of State's records		
an area de area (Clare e deferrad	affaakii a daba biik aa	and affective times at 12.01 and an the ann	dian af
The 90th day after the reco		t an effective time, at 12:01 a.m. on the ear	riier or:
Dated December 31	. 2024		
	ignature of a member or auth	rized representative of a member	
		Lemons	

Page 3 of 3

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