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CAPITAL CONNECTION, INC.

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THE ARIEL 1026, LLC	- ,
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
Stal	Art of Inc. File
	LTD Partnership File
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	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
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	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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THE ARIEL 1026, LLC

(Name of the Limited)	Florida Limited Liability Compar	p ears on our rec 1y)	DALLAHASSEE FLORIDA
The Articles of Organization for this Limited Liabi	lity Company were filed on	12/05/2024	and assigned
Florida document number 1.24000501634	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company	here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," t	he designation "l	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	(IDDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		
		•	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address address here:	on our reco	rds, enter the name of the no
Name of New Registered Agent:			
New Registered Office Address:			
	Enter :	Florida street ada	lress
_		,,	Florida
			Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	md complete performance red agent as provided for i istered office address, I he	of my duties, n Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is
	/S/		
	If Changing Registered	Agent Signatus	re 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
AMBR	MIRTA GLADYS LUTY	1007 N FEDERAL HWY STE 82	□ Add
		FORT LAUDERDALE, FL 33304	□ Remove
			Change
		·	Add
			□ Remove
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. Effect	ve date, if other than the date of filing: (opt	ional)	
(If an ef	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	er filing.) Pursuant to 60	5.0207 (3)
docun	If the date inserted in this block does not meet the applicable statutory filing requirements, the ent's effective date on the Department of State's records.	is date will not be lis	ted as the
the re	ord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed.	a.m. on the earli	ier of:
Dated	12/10/2024		
	/S/ KATE C GRANT		
	Signature of a member or authorized representative of a member		

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Typed or printed name of signee

Filing Fee: \$25.00