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Division of Corporations

Florida Department of State

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From: Leure Rodriguez

To: Page, 3 of 6 2025-02-05 14:02.06 PST LegalZoom.com, Inc. From: Leura Rodriguez

COVER LETTER

	gistration Sec dision of Corp			
CCR IECT.	TREENINJ			
Sebace 1.			ited Liability Company	
		Amendment and fee(s) are sub		
Please return	n all correspoi	ndence concerning this matter Erik Treutlein	to the following:	
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Ft. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2061 Executive Center Circle Tallahassee, FL 32301

From: Laura Rodriguez

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Plorida document number 1.24000510022	were filed on $\frac{12/09/2}{}$	024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	ation "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:		FILI 2025 FEB -6
Mailing address MAY BE A POST OFFICE BOX)		. co
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here 		records, entersthe manual of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	rvet address
		, Florida Zup Code
	Can	

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

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	Danny D Dinovi, Jr.		Add
			Remove
		PO Box 942 Cape Canaveral, FL 32920	■ Change
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			☐ Remove
			_ □ Change
•			
			☐ Remove
			☐ Change
			Add
			□ Remove

	* Page, 6 of 6	2025-02-05 14:02:06 PST	LegalZeom.com, Inc.	From, Leura Rodr
D. If	imending any other informatio	on, enter change(s) here: (Attach	(additional sheets, if necessary.)	
				
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			4	
E. EH Ofa	ective date, if other than the day	ate of filing:	(optional) hig or more than 90 days after filing.) Pursuant to	605.0207 (3)(6)
<u>No</u>	te: If the date inserted in this block	k does not meet the applicable statute	ory filing requirements, this date will not be	
do	nument's effective date on the Depa	artment of State's records.		
			ctive time, at 12:01 a.m. on the ea	rlier of:
(b) 1	The 90th day after the record	d is filed.		
	03(02)3032			
Đa	ted			
	/S/ Danny D Dinov			
	Si	gnature of a member or authorized repre-	sentative of a includer	
	Danny D Dinovi, Jr.			
	Camin D Dinest, Jr.	Typed or printed name of s		

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Filing Fee: \$25.00