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TO:

Registration Section

Division of Corp	orations		
A :>1	5 n. 1. 5 .	. 117	
SUBJECT: AFIV	S Expert Sec Name of Lim	ices, LLC	
	Name of Lim	ited Liability Company	
me		maine and from follows	
The enclosed Articles of A	amendment and fee(s) are sub	nation fining.	
Please return all correspon	dence concerning this matter	to the following:	
	11' 15 5	L _	
	Nivella Di	7, 2	
		Name of Person	
	1 0	and Statutes	
	1 1 1 - 3	Firm Company	
		Tim Company	
	man west	33/4 Sr	
		33/d ST	
	Harry FL	33012	
		多きの・2 City/State and Zip Code	
	Shaw & Da	Missir Corn to be used for future annual report notif	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	ncerning this matter, please of	aii:	
Hi tak m		17.21 LIII 2 -	S (Top) 5
Mine of Person		at (85) 17 3	Telephone Number
.vanie or	retson	And Code Dayline	тетеричие тапкоет
Enclosed is a check for the	following amount:		
	/	El cer oo eu: e a	LLOGOODET F.
□ \$25.00 Filing Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Commence of Indias	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Section		Registration Sec	tion
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe	: Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A May ENPORT	conces in C	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on (ida Limited Liability Company)	our regords.)
The Articles of Organization for this Limited Liability Florida document number $L25000-729$	Company were filed on 2/1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designa	tion "L.I.C" or the abbreviation "L.I.,C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		·
B. If amending the registered agent and/or register agent and/or the new registered office address here		s, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	vet address
		. Florida
	City	, Florida Zip 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

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
Pies	Northern Willia	1160 West 33 St Hidlenh Fr	L 33012 Add
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			□Remove
			⊡Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 2/1/2025 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member Min, Min Ortica
Typed or printed name of signee

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Filing Fee: \$25.00