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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX SAVERS Account Number : I20150000107 : (941)625-1925 Fax Number : (941)625-1526

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

Email Address:_baruch tetri@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALBATROSS MANAGEMENT, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

MAR 1 1 2025

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ALBATROSS MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for Florida document number | this Limited Liability Company L25000084570 | were filed on | 02/25/2025 | and assigned |
|--|--|------------------------------------|---|--------------------------------------|
| This amendment is submitted to | amend the following: | | | |
| A. If amending name, enter th | e new name of the limited liabil | ity company he | <u>re</u> : | |
| ALBATROSS MA | NAGEMENT BV, LL | C | | |
| The new name must be distinguishable | and contain the words "Limited Liability | ty Company," the de | esignation "LLC" or the abbi | eviation "L.L.C." |
| Enter new principal offices ad | iress, if applicable: | | | |
| (Principal office address MUST | BE A STREET ADDRESS) | | | · |
| | | | | |
| | | | | |
| Enter new mailing address, if | applicable: | | | |
| (Mailing address MAY BE A Po | OST OFFICE BOX) | | | |
| | | | | |
| B. If amending the registered agent and/or the new registere Name of New Register | | ddress on our ro | ecords, <u>enter the name</u> | of the new registered |
| New Registered Office | Address: | | | |
| | | Enter Flor | ida street address | |
| | | , Florida | | |
| | | City | | Zip Code |
| New Registered Agent's Signatur | e, if changing Registered Agent: | | | |
| provisions of all statutes relati accept the obligations of my pe | nt as registered agent and agre we to the proper and complete position as registered agent as po change in the registered office of writing of this change. | performance of rovided for in C | my duties, and I am fa hapter 605, F.S. Or, ij | miliar with and Tthis document is |
| | If Chan | vine Registered Ag | ent. Signature of New Regis | stered 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> | Name | Address | Type of Action |
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| fective date, if other than the date in effective date is listed, the date must be some If the date inserted in this block cournent's effective date on the Depart | pecific and canno oes not meet th | e applicable si | | | ng.) Pursuant to 60 | |
| ecord specifies a delayed effective dat is filed. | ;, but not an eff | ective time, at | 12:01 a.m. on th | e earlier of: (b) | The 90th day afte | er the |
| ted MARCH 7 | 2 | 2025 | | | | |
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