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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DBO SERVICES LLC Account Number : I20250000109 Phone : (302)205-3050

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2844 HAZE ROAD LLC

Certificate of Status	0
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T. LEMIEUX JUL 16 2025

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

→ 2844 HAZE ROAD LLC			♦		•
(Name of the Limited I (A.)	iability Compa Iorida Limited L	ny as it now appears on our records Jiability Company)	<u>.</u> )		
The Articles of Organization for this Limited Liabi Florida document number	lity Company	were filed on05/28/2025	<u></u>	and ass	i <b>gne</b> d
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabi	llity company here:			
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the designation "LLC"	or the abb	oreviation "L.	L.C."
Enter new principal offices address, if applicable	e:	8750 Cherry Ln, Ste C-17			
(Principal office address MUST BE A STREET A		Laurel, MD 20707			
			<del></del>		·
Enter new mailing address, if applicable:		8750 Cherry Ln, Ste C-17			
**		Laurel, MD 20707			
B. If amending the registered agent and/or regis agent and/or the new registered office address h		address on our records, <u>enter</u>	the name	of the new	<u>registe</u>
Name of New Registered Agent:	OBO Services 1				
New Registered Office Address: 155 Office Plaza Drive			ida 32301 = 1 = 1 = 1		
-	Fallahassee.	Enter Florida sweet address	222	. לנו <u>ו</u>	••
<u>-</u>	rananassee.	, Flo	rida <u></u>	Zip Çode	
New Registered Agent's Signature, if changing Regi	stered Agent:			. P	:7
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	ind complete red agent as p istered office	performance of my duties, an provided for in Chapter 605, l	d I am fe F.S. Or, i	ee 16 oomp imiltar wit if this docu	h and ment is

Ninya Rice Niyya Rice

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
MGR	Luis. Carla	8750 Cherry Ln, Ste C-17	
		Laurel, MD 20707	□Remove
			<b>⊞</b> Chang <b>e</b>
MGR	Tamayo, Marcos	8750 Cherry Ln, Ste C-17	□Add
		Laurel, MD 20707	□Remove
			<b>≡</b> Change
			□Add
			Remove
			☐ Change
			□Add
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Effective date, if other than the date of filing:  (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 ()  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.  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 ord is filed.  Dated    July 11th		of officer Tamayo, Marcos R shall be amended to: Tamayo-Olivier, Marcos
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	_/5	Carla Luis
Carla Luis		Signature of a member or authorized representative of a member
	Ca	Luis

Filing Fee: \$25.00