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Office Use Only



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SECRETARY OF STATE
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COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:	Occupy Excl			
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Trevaris Tutt		
			Name of Person	
			Firm/Company	
		7643 Gate Pkwy Ste 104-3	93	
			Address	
		Jacksonville, FL 32256		
			City/State and Zip Code	
		trevaristutt	to be used for future annual report not	ification
For further in	nformation co	ncerning this matter, please ca		meanny
Trevaris Tutt	ı		904 476-8417 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address: gistration Se		<u>Street Address:</u> Registration Se	ection

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Occupy Achange LLC	Company on our records	
(Name of the Limited Clability (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
the Articles of Organization for this Limited Liability Conlorida document number 125000002144	npany were filed on 12/30/2024	and assigned
his amendment is submitted to amend the following:	ment is submitted to amend the following: ding name, enter the new name of the limited liability company here: emust be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." principal offices address, if applicable: office address MUST BE A STREET ADDRESS) mailing address, if applicable:	
. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	SS)	
'nter new mailing address, if applicable.		
Mailing address MAY BE A POST OFFICE BOX)		5 PH 2:
3. If amending the registered agent and/or registered or gent and/or the new registered office address here:	ffice address on our records, enter the p	$\tilde{r} \geq \omega$
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	ı
	City	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 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	Trevaris Tutt	7643 Gate Pkwy Ste 104-393, Jacksonville, FL 32256	_ ■ Add
			_ []Remove
			_ Change
			_ 🗆 Add
			_ 🗆 Remove
			_ 🗆 Change
			_ □Add
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Effective date, if other than the date of filing:					
ffective date, if other than the date of filing: an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Godg: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records. 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 is filed. atted 2/3 2025 August 6/8 iffember or authorized representative of a member					
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