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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004 : (775)329-7721 Fax Number : (775)376-9207

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

Email	Address:	albecardona40@gmail.com

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· From Corporate Service Center Inc 1.702.507.9682 Tue Jan 28 11:26:00 2025 MST Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TALLAHASSÉT	- 11 5: 10 -: FUNDE

AC STY	LZ, LLC	MILAHASSI
(Name of the Limited Liability Compa (A Florida Limited	inv as It now appears on owr records.) Liability Company)	TALLAHASSET FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on 01/03/25	and assigned
Florida document number <u>L25000005938</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r 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:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	enter the name of the new

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

Florida Zip Code

From Corporate Service Center Inc 1.702.507.9682 Tue Jan 28 11:26:00 2025 MST Page 3 of 4 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

Title	Nume	Address	Type of Action
MGR	Albelardo Cardona	17821 Tropical Cove Dr.	O Add
		Tampa, FL 33647	☐ Remove
			Change
MGR	Abelardo Cardona	17821 Tropical Cove Dr	@ Add
		Tampa, FL 33647	Remove
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Page 3 of 3

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