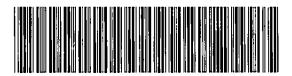
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COVER LETTER

| TO: Registration Sec Division of Corp | | • | |
|--|--|---|--|
| subject: <u>Hanna</u> | h Limitone A Name of Limi | PRN LLC ited Liability Company | |
| The enclosed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Hannah | Linitane Name of Person | |
| | Hannah U | Firm/Company | LLC |
| | | Lake Drive Address | |
| | Seminole | FL 33772 City/State and Zip Code | |
| | HLWilliferd E-mail address: (t | (a) gmul. com | ification) |
| For further information co | oncerning this matter, please ca | all: | |
| Hannah Liv Name of | niture Person | at (727) 612- Area Code Daytin | - 1630 ne Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| ☑ \$25.00 Filing Fee | □ \$30.00 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) |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
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**

| Hannah Li | mitore APRN LLC ited Liability Company as it now appears on our record (A Florida Limited Liability Company) | |
|---|--|--------------------------------|
| (Name of the Limi | ited Liability Company as it now appears on our record (A Florida Limited Liability Company) | <u>ls.</u>) |
| The Articles of Organization for this Limited L | Liability Company were filed on <u>Jan.</u> 8 th . | 2025 and assigned |
| This amendment is submitted to amend the foll | lowing: | |
| A. If amending name, enter the new name o | of the limited liability company here: | Z025 J SECF TALLA |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the designation "LLC | (5) ii (2) iii |
| Enter new principal offices address, if appli | · · · · · · · · · · · · · · · · · · · | 5 7 |
| <u>(Principal office address MUST BE A STREI</u> | ET ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE | <u></u> | |
| | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | registered office address on our records, enteress here: | the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addres | 255 |
| | Fi | orida |
| | 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> | Name | Address | Type of Action |
|--------------|-----------------|-----------------------|----------------|
| MGR | Hannah Limitone | 10273 Blossom Lk. Dr. | 🗹 Add |
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| tive date if othe | er than the date o | of filing: | | | (optional) |
| ffective date is listed | l, the date must be spe | cific and cannot | be prior to date of | filing or more than 90 | days after filing.) Pursuant to 60 nents, this date will not be li |
| | ate on the Departm | | | | |
| and specifies a dela | nued effective date | hut not an effe | ctive time at 1 | 7:01 a.m. on the ear | lier of: (b) The 90th day aft |
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