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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PATRAKA LLC

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JAN 1 0 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PATRAKA LLC | | | | |
|---|---|--|--|--|
| (Name of the Lin | ited Liability Comp (A Florida Limited | anv as it now appears on our Liability Company) | reçords.) | |
| The Articles of Organization for this Limited Florida document number L18000221894 | | were filed on 09/18/2018 | and assigned | |
| This amendment is submitted to amend the fo | llowing: | | | |
| A. If amending name, enter the new name | of the limited liab | oility company here: | | |
| | | | 77-71-11-11-11-11-11-11-11-11-11-11-11-1 | |
| The new name must be distinguishable and contain the | | | | |
| Enter new principal offices address, if appl | | PALM BAY, FL 32907 | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | TACM BA 1, FE 32907 | | |
| | | | | |
| Enter new mailing address, if applicable: | | 511 DE WITT AVE NE | | |
| (Mailing address MAY BE A POST OFFICE | E BOX) | PALM BAY, FL 32907 | | |
| | | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent: | | | enter the name of the new registere | |
| | 511 DE WITT | AVE NE | | |
| New Registered Office Address: | | Enter Florida street | address | |
| | PALM BAY | | . Florida ³²⁹⁰⁷ | |
| | | City | Florida ³²⁹⁰⁷ _Zip Code | |
| New Registered Agent's Signature, if changing | Registered Agent: | | | |
| I hereby accept the appointment as register provisions of all statutes relative to the pro | | | | |

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.

To:

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 |
|--------------|-------------------|---|---------------------|
| AMBR/CEO | CIRO MARTINEZ, II | 1342 COLONIAL BLVD C20 | □Add |
| | | FORT MYERS, FL 33907 | |
| | | *************************************** | Change |
| AMBR/CEO | GEORGI PATRAKA | 511 DE WITT AVE NE | □ Add |
| | | PALM BAY, FL 32907 | □Remove |
| | | | ■Change |
| | | | □A6d |
| | | | □Remove |
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| Effec | tive date, if other than the date of filing: |
|---------|---|
| Mote: | fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| docur | nent's effective date on the Department of State's records. |
| | |
| c reco | rd 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 |
| 10 15 1 | icu. |
| Dated | |
| Lianca | · · · · · · · · · · · · · · · · · · · |
| | |
| | /s/ Georgi Patraka |
| | /s/ Georgi Patriaka Signature of a member or authorized representative of a member |