○ 11/30/2022 6:54 AM

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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

mmil Address:_____

AND AND SO

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIFT EP-HOLDINGS LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| LIFT EP-HOLDINGS LLC | |
|---|--|
| (Name of the Limited Liability Compa (A Florida Limited E | iny as it now appears on our records.) Ciability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000243127}{L18000243127}$. | were filed on 10/16/2018 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| LIFT EP HOLDINGS LLC | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 819 NE 2nd Avenue, Suite 500 |
| (Principal office address MUST BE A STREET ADDRESS) | Fort Lauderdale, FL 33304 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 819 NE 2nd Avenue, Suite 500 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the name of the new registere</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | 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

| Title | <u>Name</u> | Address | Type of Action |
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| D. If am | ending any other infor | mation, enter change | e(s) here: (Atta | ich additional shee | ts, if necessary. | 1022 NOV 30 | 4 _{M 11} |
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| Note: | fective date, if other than ffective date is listed, the date If the date inserted in thi ment's effective date on the | s block does not meet th | he applicable sta | of filing or more than 90 tutory filing requires | (optional) Odays after filing.) Perments, this date w | ursuant to 605.0207 ill not be listed as | 7 (3)(b) the |
| f the reco | ord specifies a delayed effe filed. | ctive date, but not an eff | fective time, at 1 | 2:01 a.m. on the ear | rlier of: (b) The S | 90th day after the | |
| Dated | November 22nd | 20: | 22 | | | | |
| | | Maskan Signature of a membe | | | | | |
| | | | er or authorized re | presentative of a mem | ber | | |
| | Tiffany Meeker, At | | d or printed name | of sinner | ··· | | |

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