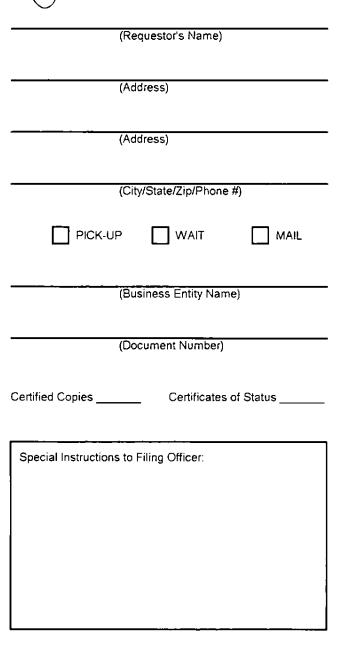
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Tallahassee, FL 32314

TO: Registration S Division of Co		. •						
CONTRACTOR OF THE PROPERTY OF	1804 Lifesyle Investments LLC							
<u></u>	Name of Lin	nited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.						
	ondence concerning this matter							
	Jamky Jean-Baptiste							
		Name of Person						
	Carol City Capital							
		Firm/Company						
	1110 Brickell Avenue Ste	-1(X)						
		Address						
	Miami, FL 33131							
		City/State and Zip Code						
	Carolcitycapital@gmail.com	n to be used for future annual report noti	<u>, </u>					
For further information (concerning this matter, please c	·	ncanon)					
Jamky Jean-Baptiste		323 5570863						
Name of Person		att () Area Code Daytime	e Telephone Number					
Enclosed is a check for t	he 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		Street Address: Registration Sec	Slion					
Division of C	lorporations ————————————————————————————————————	Division of Corporations						
P.O. Box 631	<u> </u>	The Centre of Tallahassee						

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1804 Lifestyle Investments LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 3, 2024 ___ and assigned Florida document number $\frac{L19000216687}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 1804 Lifestyle Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviation "LEC." 1110 Brickell Avenue stc 400 Miami, FL 33131 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1110 Brickell Avenue ste 400 Miami, FL 33131 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

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Effect	ive date, if oth	er than the date	of filing:			(optional)	
(If an ef	fective date is listed	, the date must be sp	ecific and cannot be	e prior to date of til	ing or more than 90 c	_ (optional) lays after filing.) Pursu	ant to 605.0207 (
docum	nent's effective d	ate on the Departn	ent of State's re	ords.	ry ming requirem	ents, this date will no	ot be fisted as t
he recor ord is ti	d specifies a dela led.	iyed effective date.	but not an effec	tive time, at 12:0	La.m. on the earli	er of: (b) The 90th	day after the
Dated	January 3		2024				
				•			
			1/4		entative of a membe		
		Signat	uic of a periper o	r authorized repres	entative of a membe	r	
			17				