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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

mail	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DRS GROUP LLC

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K. SALY

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5/30/2024 10:13:16 PDJ

To: 18506176383

Page: 2/4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 MAY 30 PM 1: 40

FALLAHASSEE, FLORIDA

Fax: 8134365206

DRS GROUP 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 09/16/2021 and assigned Florida document number L21000410165

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 office address on our records, enter the name of the new registered

agent and/or the new registered office address here:

New Registered Office Address:		
	Enter Florida street i	address
		, Florida
	City	Zip Code

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

Name of New 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.

5/30/2024 10;13:16 PDT To. 18506176383 Page: 3/4 Fax: 8134365206

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	Name .	Address	Type of Action
AMBR	YESILYURT, ÖZGE	4859 INVERNESS CT	🖸 Add
		APT 102	⊡ Remove
		PALM HARBOR, FL 34685	Change
AMBR	YESILYURT, OZGE	7901 4th St N	
		STE 300	□Reniove
		St Petersburg, FL 33702	☐ Change
		-	□Add
			□ Remove
			TALLAHAY A
			FI. ORemove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			[]Change

Fax: 8134365206

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Typed or printed name of signee