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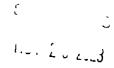
To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : US CONTADOR INC Account Number : I20200000121 (770)928-2700 Phone Fax Number : (888)772-8108 **Enter the email accress for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLOPY FLORIDA LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLOPY FLORIDA 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 11/17/2023 _ and assigned Florida document number L23000521026 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) PO BOX 155 Enter new mailing address, if applicable: DANIA, FL 33004 (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 Cin

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 Changing Registered Agent, Signature of New Registered Agent

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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 Y

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	THIAGOTATÍ LLC	PO BOX 155	
	1	DANIA, FL 33004	□Remove
AMBR	N5 GROUP LLC	PO BOX 155	□Add
		DANIA , FL 33004	CRemove
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ffective date is listed, the d	tan the date of filing: (optional) date must be specific and carnot be prior to date of filing or more than 90 days after filing.) Pursuant to	605.02
If the date inserted in	n this block does not meet the applicable statutory filing requirements, this date will not be in the Department of State's records.	listed
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	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after th
rd specifies a delayed e		
i le d.	•	
iled.	•	_
i le d.	Signature of a member or authorized representative of a member	_
NOVEMBER 22ND	Signature of a member or authorized representative of a member	-
NOVEMBER 22ND	Signature of a member or authorized representative of a member	-
filed. NOVEMBER 22ND	Signature of a member or authorized representative of a member	-