3/19/2021

Norida Department of State Division of Corporations coronic Ming Cover Shee Hease print this page and use it as above (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 : (407)841-1200 Fax Number : (407)423-1831

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

Email Address: <u>petersr@yesawich.com</u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YESAWICH HOLDING, LLC

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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (((H21000111594 3)))

Yesawich Holding, LLC		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L02000025645</u>	Company were filed on 09/30/2002	and assigned
This amendment is submitted to amend the following:	<u> </u>	
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	200 East Palmetto Park Road, Suite	107 📴
(Principal office address MUST BE A STREET ADDR	Boca Raton, FL 33432	AR T
		9 PH
Enter new mailing address, if applicable:	200 East Palmetto Park Road, Suite	(/)
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33432	ूर्ज ८
	d office address on our records, <u>enter the n</u>	<u>ame of the new register</u>
Name of New Registered Agent:	ast Palmetto Park Road, Suite 407	
Name of New Registered Agent:		
300 E	ast Palmetto Park Road, Suite 407 Enter Florida street address	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply 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

From: Leslie Perryman

Fax: 14078411200"

To:

Fax: (850) 617-6383

Page: 3 of 4

03/19/2021 11:40 AM

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 (((H210001115943)))

(((H210001115943)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Peter C. Yesawich	200 East Palmetto Park Road, Suite 407	🗆 \tag{\tau}
		Boca Raton, FL 33432	Remove
			🗏 Change
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(If an offective Note: If	e date, if other than the date of filing:	to 605.0207 (3)(b) le listed as the
docume	n's effective date on the Department of State's records.	
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	y after the
	March 19 2021	
Dated _	Trial Cro	
Dated _	March. 19 . 2021 × Peter C. Yesawich Signature of a member or authorized representative of a member	_