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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051

Phone

: (305)937-7773

Fax Number

: (815)301-2897

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

JCOLON a)

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARNIVAL COMPANY, LLC.

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## ARTICLES OF AMENDMENT , TO ARTICLES OF ORGANIZATION OF

CARNIVAL COMPANY, LLC.		
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)	
The Articles of Organization for this Limited Liability Company were filed of Florida document number L04000036488		_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	y here:	
	•	
The new name must be distinguishable and contain the words "Limited Liability Company."	the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		2E
Principal office address MUST BE A STREET ADDRESS)		3
	1.	
		<b>P</b> []
Enter new mailing address, if applicable:		AM II
Mailing address MAY BE A POST OFFICE BOX)		: 2
	ja .	<del>-</del>
If amending the registered agent and/or registered office address on ought and/or the new registered office address here:	ur records, <u>enter the name o</u>	the new regist
Name of New Registered Agent:		
New Registered Office Address:		
Enter ,	Florida street address	
<del></del>	, Florida	
City		in 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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	Name	Address	Type of Action
MGR	BEN RAPHAEL HAREL	1630 NE 164 STREET	_
		NORTH MIAMI BEACH, FL 33162	
			Change
			🗀 Add
			□Remove
			©Change
<del></del>			
			□Remove
			Change
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			□Remove
			DChange
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			□Remove
			☐ Change
<del></del>			□∧dd
			□Rcmove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets.	. if necessary.)
	,
	· — ···
Mective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days  Note: If the date inserted in this block does not meet the applicable statutory filing requirements  to current's effective date on the Department of State's records	(optional)
lote: If the date inserted in this block does not meet the applicable statutory filing requirements occurrent's effective date on the Department of State's records.	s after filing.) Pursuant to 605,0207 s, this date will not be listed as
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record specifies a delayed effective days to	
is filed, but not an effective time, at 12:01 a.m.	i i
is filed.	of: (b) The 90th they after the
	. —
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f - HOVEHBER 18 , 2021	FILE
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f - HOVEHBER 18 2001	FILE