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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : H & CO, LLP Account Number : I20150000089 Phone : (305)444-8800 Fax Number : (305)444-4010

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

Email Address: pino@hccadvisors.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NAIF INTERNATIONAL, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAIF INTERNATIONAL, 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 09/15/2005 and assigned Florida document number L05000093832
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: Name of New Registered Agent: Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

Fax: (850) 617-6383

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To:

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	MALTESE, GIOVANNI M	1900 N Bayshore Dr Ste.1508 Miami, FL 33132	□Add
			BRemove
			≡ Change
MGR	Maltese, Federica	1900 N Bayshore Dr Stc.1508 Miami, FL 33132	
			≅ Remove
			🗀 Reтюхе
			Change
			□Add
			□Remove
			DAdd
			🗀 Remove
			CChange
			GAdd
			□Remove

nelsea Menendez	Fax: 13054448800	To:	Fax: (850) 617-6383	Page: 5 of 7	08/09/2022 6:05 P
			H220002695843		
D. If amend	ling any other infor	mation, enter ch	unge(s) here: [Attach additional sh	eets, if necessary,)	
*					
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Note: If i	the date inserted in this	s block does not m	: cannot be prior to date of filing or more than eet the applicable statutory filing requir	(optional) 90 days after filing.) Proments, this date wi	ursuant to 605,0207 (. Il not be listed as il
document	's effective date on the	e Department of St	ate's records.		
If the record s record is filed.		ctive date, but not :	an effective time, at 12:01 a.m. on the c	rarlier of: (b) The ^q	Oth day after the
Dated Au	igust 9th		2022		

Signature of a member or authorized representative of a member

Typed or printed name of signee

MALTESE, GIOVANNI M