Division of **Corporation**

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Account Name : H & CO, LLP Account Number: I20150000089 : (305)444-8800 Phone 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: Cayon @hCoadvisors. Con

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NAUTIKOS FLORIDA SERVICES, LLC

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06/28/2022 11:54 AM

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAUTIKOS FLORIDA SERVICES, LLC	
(Name of the Limited Linbility Compa (A Florida Limited I	ny as it now appears on our records.) Limbility Company)
The Articles of Organization for this Limited Liability Company Florida document number 107000058354	were filed on 06/01/2007 and assigned
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the limited ligh	llity company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2330 Ponce de Leon Blvd
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, FL 33134
Enter new mailing address, if applicable:	2330 Ponce de Leon Blvd
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, FL 33134
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
and the second s	Enter Florida street address
	, Florida
	City Zip Code

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

DDA 🗆

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Page: 4 of 5

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 Type of Action Title Name <u>Address</u> □ Add ☐ Remove ☐ Change □ Add ☐ Remove __ 🗀 Change D Add □ Remove ☐ Change ☐ Romove ☐ Change □ Add ☐ Remove ☐ Change

Page: 5 of 5

From: Carolina Florez

Fax: (850) 617-6383

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Effective	data if other then th	data of filings	•		: (antia==1)	
If an effect	date, if other than the ive date is listed, the dais muthe the date inserted in this b t's effective date on the D	ist be specific and e lock does not me department of Sta	annot be prior to dat ot the applicable s te's records.	of filing or more the tatutory filing requ	in 90 days after filing.) P tirements, this date wi	ursuant to 605.03 ill not be listed
Note: If documen			te, but not an	effective time,	at 12:01 a.m. or	the earlier
he reco	d specifies a delaye Oth day after the rec	ord is filed.				