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DocuSign Envelope ID: CCDEE206-9063-4B4B-90B9-20B89C8748D8 "R LETTER TO: Registration Section Division of Corporations AD I WHOLESALE, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Steven Berkeley Name of Person Berkeley Law Office, P.A. Firm Company 2295 NW Corporate Blvd., Suite 117 Address Boca Raton, FL 33431 City/State and Zip Code smb@berkeleylawoffice.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steven Berkeley Name of Person Enclosed is a check for the following amount: S25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Malling Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

DocuSign Envelope ID: CCDEE206-9063-4B4B-90B9-20B89C8748D8 OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AD I WHOLESALE, LLC		
(Name of the Lin	nited Liability Company as it now app (A Florida Limited Liability Compan	y)
The Articles of Organization for this Limited	Liability Company were filed on	03/10/2015 and assigned
Florida document number L08000103840		•
This amendment is submitted to amend the fo	llowing:	
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," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
-		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	ROY	
227700707776	<u> </u>	
3. If amending the registered agent and/or	registered office address on our	records, enter the name of the new regist
gent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	Berkeley Law Office, P.A.	
New Registered Office Address:	2295 NW Corporate Blvd., Suit	e 117
	Enter F	lorida street address
	Boca Raton	, Florida ³³⁴³¹
	City	Zip 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 amending Authorized Possessia and address of each person being added DocuSign Envelope ID: CCDEE206-9063-4848-9089-20889C8748D8 . enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
		*	□Remove
			□ Change
		□Add	
		□Remove	
			□Change
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ecord	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
is file	
is me	8/10/2022 —————————————————————————————————
is me	8/10/2022 ABBR/F/303334CF.
is me	8/10/2022 Considered by: A8987E7303334CE Signature of a member or authorized representative of a member

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