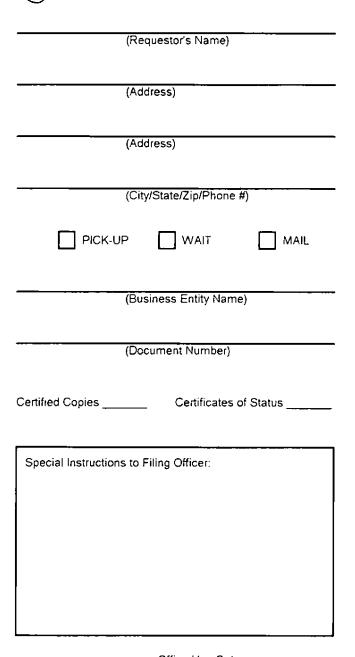
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Office Use Only



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12/14/23--01014--023 \*\*25.08

SECRETARY OF STATE

FILED

## **COVER LETTER**

TO: Registration Set Division of Cor			•		
	search, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Tray Bowen, Esq				
	-	Name of Person			
	Private Wealth Law Group	p. P.C.			
		Firm Company			
	1105 East 900 South, Suit	e 250			
		Address			
	Salt Lake City, UT 84105				
		City State and Zip Code			
	tbowen@privatewealthlaw	group com to be used for future annual report n	atitiontian)		
For further information e	oncerning this matter, please c	·	ourication)		
Tray Bowen		801 433-0693			
Name o	l'Person	at () Area Code Day)	ime Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)		
Mailing Address Registration		<u>Street Address:</u> Registration S	Section		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 632		The Centre of			
Tallahassee, l	rt. 5231 <del>4</del>	2410 N. Mon	roe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records liability Company)	<u>.</u> )
were filed on <u>06/12/2012</u>	and assigned
ility company here:	
lity Company," the designation "LLC"	for the abbreviation "L.L.C."
	DEC IL PH 3: 49  RETARY OF STATE LLAHASSEE, FL
address on our records, <u>enter t</u>	the name of the new registered
Emer Florida street address	;
E) A	arida
	Zip Code
	ility company here:  iity Company here:  iity Company." the designation "LLC"  Address on our records, enter  Enter Florida street address

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>	<u>Name</u>	Address	Type of Action
AMBR	Zachary Westphal	66 W Flagler Street	□Add
		Suite 900	■Remove
		Miami, F1, 33130	□Change
AMBR	ROI Enterprises Holding, LLC	13809 Research Blvd	
	-	Suite 500	_
		Austin, TX 78750	
			□ Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			□ Chause

## Page 2 of 3

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cee	e date, if other than the dat	specific and cannot b	oc prior to date of filing applicable statutory	For more than 90 days	o <b>ptional)</b> after filing.) Pursuant to 6 , this date will not be l	505,0207 isted as
f an effect <del>Note:</del> - If	the date inserted in this block t's effective date on the Depar	rtment of State's re	ecords.			
fan effect <u>Note:</u> If documen ne reco	the date inserted in this block	rtment of State's re fective date, bi	ecords.	ve time, at 12;0	01 a.m. on the ead	rlier of
fan effect <u>Note:</u> If documen ne reco The 9	the date inserted in this block it's effective date on the Depar	rtment of State's re fective date, bi	ecords.	ve time, at 12:0	01 a.m. on the ead	rlier of
If an effect Note: If document he reco The 9	rd specifies a delayed ef Oth day after the record	ifective date, bis filed.	ecords.		01 a.m. on the ea	rlier of

Page 3 of 3

Filing Fee: \$25.00