| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Cheyanne at 850-202-1882

| Date:        | 12/17/2024                        |                    |
|--------------|-----------------------------------|--------------------|
| Name:        | Cheyanne Davis                    | <del></del>        |
| Reference #  | 2595908                           |                    |
| Entity Name  | RIVO ALTO CA                      | APITAL FUNDING LLC |
|              | es of Incorporation/Authorization |                    |
| ✓ Amer       | ndment                            |                    |
| Chan         | ge of Agent                       |                    |
| Reins        | statement                         |                    |
| ☐ Conv       | ersion                            |                    |
| Merg         | er                                |                    |
| Disso        | olution/Withdrawal                |                    |
| ☐ Fictiti    | ous Name                          |                    |
| Other        | -<br>-                            |                    |
|              |                                   |                    |
| Authorized A | Amount: \$ 25.                    | 00_                |



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **P: 866.625.0838** F: **866.625.0839** COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

| Date:        | 12/17/2024                           |                     |
|--------------|--------------------------------------|---------------------|
| Name:        | Cheyanne Davis                       |                     |
| Reference    | 2595908                              |                     |
| Entity Name  | e: RIVO ALTO CAF                     | PITAL FUNDING LLC   |
| Artic        | les of Incorporation/Authorization t | o Transact Business |
| <b>√</b> Ame | ndment                               |                     |
| Char         | nge of Agent                         |                     |
| ☐ Rein       | statement                            |                     |
| Conv         | version                              |                     |
| ☐ Merg       | <b>ge</b> r                          |                     |
| ☐ Diss       | olution/Withdrawal                   |                     |
| ☐ Fictit     | ious Name                            |                     |
| Othe         | er                                   |                     |
|              |                                      |                     |
| Authorized . | Amount: \$ 25.0                      | 0                   |
| Signature:   | Ohyma Paine                          |                     |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIVO ALTO CAPITAL FUNDING LLC

FILED

2024 DEC 17 AM 9: 59

## (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 \_\_\_\_\_ \_ and assigned Florida document number \_\_\_\_\_L12000096653 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 "L.L.C." 33 Sir John Rogerson's Quay Enter new principal offices address, if applicable: Dublin D02 XK09 Ireland (Principal office address MUST BE A STREET ADDRESS) 33 Sir John Rogerson's Quay Enter new mailing address, if applicable: Dublin D02 XK09 Ireland (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: New Registered Office Address: 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

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 |
|--------------|---------------------------------------|-----------------------------|----------------|
| MGRM         | Alerica Inc                           | 3323 NE 163rd ST            | 🖸 Add          |
|              |                                       | PH-704                      | ⊡ Remove       |
|              |                                       | NORTH MIAMI BEACH, FL 33160 | Change         |
| MGR          | MCF Holdings of South<br>Florida Inc. | 3323 NE 163rd ST            |                |
|              |                                       | PH-704                      | <u></u> Remove |
|              |                                       | NORTH MIAMI BEACH, FL 33160 |                |
| MGR          | New Wave One ICAV                     | 33 Sir John Rogerson's Quay | ⊡ Add          |
|              |                                       | Dublin D02 XK09 Ireland     | ⊡ Remove       |
|              |                                       |                             |                |
|              |                                       |                             | ⊡ Add          |
|              |                                       |                             | □ Remove       |
|              |                                       |                             | Change         |
|              |                                       | ·                           |                |
|              |                                       |                             | □ Remove       |
|              |                                       |                             | C Change       |
|              |                                       |                             | ⊡ Add          |
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| ote: If the o | te, if other than the date of fi<br>ate is listed, the date must be specified<br>date inserted in this block does ne<br>ffective date on the Department | iot meet the applicable sta             | (option filling or more than 90 days after flutory filling requirements, this | nal)<br>iling.) Pursuant to 605.020<br>date will not be listed a |
|               | pecifies a delayed effectiv<br>day after the record is file                                                                                             |                                         | fective time, at 12:01 a.                                                     | m. on the earlier o                                              |
| ated          | November 21                                                                                                                                             | 2024                                    |                                                                               |                                                                  |
|               |                                                                                                                                                         | Cidelstein of a member of authorized re |                                                                               |                                                                  |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00