Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

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From:

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Account Number : 120000800146 Phone : (305)444-4994 Fax Number : (305)444-4977

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| AUSTRAL PARTNERS LLC | |

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ARTICLES OF OF OF | | 2021 SEP |
|--|---|-------------------------|
| AUSTRAL PARTNERS LLC | | SEP -9 A |
| (Name of the Limited Liability Company (A Florida Lunited Lia | as it now appears on our records.) | |
| , , , , , , , , , , , , , , , , , , , | ***** | |
| The Articles of Organization for this Limited Liability Company w | ere fited on 11/06/2012 | and_assigne(E) |
| Florida document number L12006140494 | | 201. · |
| Florida electrica and an analysis and an analy | | 36 C |
| This amendment is submitted to amend the following: | | |
| | | |
| A. If amending name, cuter the new name of the limited liabili | ty company here: | |
| AUSTRAL PARTNERS INTERNATIONAL LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or the ab | bres fation "Lal ACA" |
| The state of the s | | |
| 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 ad | dress on our records, enter the nam | e of the new registered |
| agent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Flarida street oddress | |
| | z mer rumias sirevi vasitess | |
| | Florida | <u> </u> |
| | City | Zip Cude |

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. Thereby confirm that the limited liability company has been notified in writing of this change.

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 |
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