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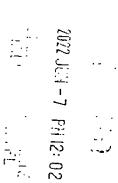
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of 3/21/2012

COVER LETTER

TO: Registration Se Division of Cor			
	TECHNOLOGIES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Tyler B. Korn		
		Name of Person	
	Kom & Kalish LLP		
		Firm/Company	
	5150 Tamiami Trail N., Su	nite 302	
		Address	
	Naples FL 34103		
		City/State and Zip Code	-
	tkorn@kornkalish.com		Productor
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no	uncation)
	oncerning this matter, picase c		
Tyler Korn		239 354-4300 at ()	
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co The Centre of	-
P.O. Box 632 Tallahassee,			oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUH - 7 PH 12: 02

(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 March 6, 2013 and assigned
Florida document number L13000033892

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Myko Holdings LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

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	
	Florida	

City Zin Code

New Registered Agent's Signature, if changing Registered Agent:

(Mailing address MAY BE A POST OFFICE BOX)

AQUASOL TECHNOLOGIES LLC

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 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
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			□ Remove
			□Change
			□ Add
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Iffective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blook locument's effective date on the Defective date.	ock does not meet the app	icable statutory filing req	(optional) an 90 days after filing.) Pursuant to 605.0 pirements, this date will not be listed	0207 (3 d as th
record specifies a delayed effective d is filed.	e date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day after	the
Pated June 1	2022			
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