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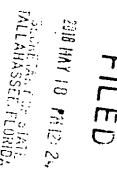
| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | Registration Se Division of Cor | ction porations | | | | | | | |
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| SUBJEC | INSTAVIT | | | | | | | | |
| SOBJEC | - I · | | ted Liability Company | | | | | | |
| The encle | osed Articles of . | Amendment and fee(s) are subr | nitted for filing. | | | | | | |
| Please re | tum all correspo | ndence concerning this matter t | o the following: | | | | | | |
| | | SCOTT PERKINS | | | | | | | |
| | | | Name of Person | | | | | | |
| | | INSTAVIT US LLC | | | | | | | |
| | | | Firm/Company | | | | | | |
| | | 3295 RIVER EXCHANGE DRIVE, SUITE 545 | | | | | | | |
| | | ******* | Address | · · · | | | | | |
| | | NORCROSS, GA 30092 | | | | | | | |
| | | | City/State and Zip Code | | | | | | |
| | | scott.perkins@instavit.com | | | | | | | |
| | | E-mail address: (t | o be used for future annual report notific | cation) | | | | | |
| For furth | er information co | oncerning this matter, please ca | H: | | | | | | |
| SCOTT | PERKINS | | at () | | | | | | |
| | Name of | f Person | Area Code Daytime | l'elephone Number | | | | | |
| Enclosed | l is a check for th | ne following amount: | | | | | | | |
| \$25.0 | 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) | | | | | |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| y <mark>as it now appears on c</mark> ability Company) | our records.) | | |
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| were filed on 10/24/20 | 013 | and assig | ned |
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| y Company," the designa | ation "LLC" or the | abbreviation "L.L. | C." |
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| | ity company here: y Company." the designative address on our | Enter Florida street address Florida | ity company here: y Company," the designation "LI.C" or the abbreviation "L.L. ice address on our records, enter the name of Enter Florida street address Florida City Air Gode |

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|------------------------------|----------------|
| MGR | MARK GONSALVES | 3295 RIVER EXCHANGE DRIVE ■ | = Add |
| | | SUITE 545 | Remove |
| | | NORCROSS. GA 30092 | Change |
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| ective | date, if other tha | n the date of | filing: _ | | | | (optic | nal) | | |
| te: If t | ive date is listed, the dathe date inserted in t | his block does | not meet | the applica | o date of filin ble statutory | g or more than filing requi | 90 days after rements, this | filing.) Purs date will i | uant to 60 not be list | 5.0207 ted as |
| tument | 's effective date on | the Departmer | n or State | 's records. | | | | | | |
| recor | d specifies a del | ayed effect | ive date | , but not | an effect | ive time, a | nt 12:01 a | .m. on t | he earli | ier of |
| | Oth day after the | | | | | | | | | |
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Filing Fee: \$25.00