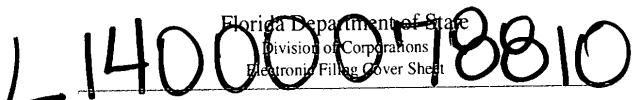
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NGLICO ON F	•				
(Name of the Limited	Liability Compar Florida Limited L	iv as it now appears on our re- liability Company)	ords.)			
The Articles of Organization for this Limited Lial	oility Company	were filed on5/14/2014		an:	d assign	ed
Florida document number	·					
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liabi	lity company here:				
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ity Company," the designation "	LLC" or the	abbreviatio	m "L.L.C	7 19 2.
Enter new principal offices address, if applica	ble:	209 East 31st Street				<del></del>
(Principal office address MUST BE A STREET	ADDRESS)	New York NY 1001	6			
			<del> </del>	<u> </u>	2	
Enter new mailing address, if applicable:		209 East 31st Street		ECRE TA	21 JUN 15	7
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	New York NY 10016	5	<u>S</u> ₹	22	
					<u> </u>	
				1933 1933	$\ddot{\Sigma}$	D
B. If amending the registered agent and/or reagent and/or the new registered office address		iddress on our records, <u>er</u>	iter the <u>na</u>	me of the	e mew r	<u>egistered</u>
Name of New Registered Agent:	eResidentAgent, Inc.			· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	801 US High					
		Enter Florida street ac	1dress			
	North Palm	<del>,,</del>	, Florida _	334		
		City		Zip (	Code	

## 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>	Name	Address	Type of Action
MGR	KYLE FAIRCHILD CARBONELL	209 East 31st Street, New York NY 10016	<b>3</b> Add
			Remove
			□ Change
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	00 No.	
ffective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requilecument's effective date on the Department of State's records.	(optional) 190 days after filing.) Pursuant to 605 rements, this date will not be list	5.0207 red as
ocument's effective date on the Department of State 3 resorts.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the d is filed.	earlier of: (b) The 90th day afte	r the
Dated June 2, 2021		
Signature of a member or authorized representative of a me	ember	