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To:	Division of Corporations Fax Number : (850)617-6383 Account Name : REGISTERED AGE Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	ENTS INC.	FILED 2022 NOV -8 AM 8: 30 SHORE LASASSEE, FI. ALLASASSEE, FI.
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wise-Sync LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Complete Horida document number L14000188793	pany were filed on 12/05/14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Hot Stick Holdings, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	s
	. Flo	orida
	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 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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			□Change
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Tective date, if other than the date is listed, the date must be stee. If the date inserted in this block cument's effective date on the Department.	does not meet the application	able statutory filing requi	(optional) 90 days after filing.) Pursi rements, this date will r	uant to 605 0207 not be listed as
ecord specifies a delayed effective d is filed.	ate, but not an effective ti	me, at 12:01 a.m. on the o	arlier of: (b) The 90th	n day after the

. . .

Filing Fee: \$25.00