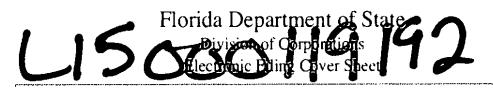
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Division of Corporations



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.

(((H22000172483 3)))



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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: | | | |
|-------|----------|--|--|--|
| | | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RICHMAR CAPITAL, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

Help

| | | • | COVER LETTER | ₹ . | • |
|--------------------|---|------------------------------|-------------------------|---------------------|--|
| | | | . , | | |
| | Richmar Cap | ital LLC | | • | |
| SUBJECT: | <u></u> | | ited Liability Company | | |
| The enclosed | d Articles of A | mendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspond | dence concerning this matter | to the following: | | |
| | Division of Corporations Richmar Capital LLC | | | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | | 1124 Kane Concourse | | | |
| | | | Address | | |
| | | Bay Harbor Islands, FL 33 | | | |
| | | | City/State and Zip Code | | |
| | | - | <u> </u> | | |
| For further in | nformation con | | | eport notricestion) | |
| | | | 305 861- | -8000 | |
| | Name of F | Person | | Daytime Telepho | one Number |
| Enclosed is | a check for the | following amount: | | | |
| ■ \$25.00 F | Filing Fee | | Certified Copy | | Certificate of Status & Certified Copy |
| <u>Ma</u> | iling Address: | | Street Ad | dress: | |

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Richmar Capital LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limite | d Liability Company as it now appear A Florida Limited Liability Company) | rs on our records.) | |
|---|--|---|--|
| The Articles of Organization for this Limited Lia | | 10/2015 | and assigned |
| Florida document number 1.15000119192 | · | | |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, enter the new name of | the limited liability company he | ere: | |
| The new name must be distinguishable and contain the wo | rds "Limited Liability Company," the d | lesignation "LLC" or the ab | observiation "L.L.C." |
| Enter new principal offices address, if applica | ble: | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| | | | _ |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE I | <u> </u> | | |
| | | | |
| B. If amending the registered agent and/or reagent and/or the new registered office address | | ecords, enter the nam | e of the new registered |
| | | | 20 |
| Name of New Registered Agent: | | | 2022 HAY |
| New Registered Office Address: | | | AY |
| | Enter Flor | rida street address | $\overline{\omega} = \underline{\omega}$ |
| | | , Florida | |
| | Cuy | | - Zip Code |
| New Registered Agent's Signature, if changing R | | | 20 |
| I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this contract. | r and complete performance of tered agent as provided for in (egistered office address. I heret | "my duties, and I am J Chapter 605, F.S. Or, | ree to comply with the familiar with and if this document is |
| | | | |

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 | Richard Waserstein | 1124 Kane Concourse | □Add |
| | | Bay Harbor Islands, FL 33154 | ≅ Remove |
| | | | |
| | | | OAdd |
| | | | Remove |
| | | | ☐ Change |
| | | | □Add |
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| Effective date, if other than the date of an effective date is listed, the date must be spe | of filing: | to date of filing a | (| optional) | or to 605 020 |
| t an effective date is listed, the date must be spe Note: If the date inserted in this block do | es not meet the applic | able statutory fi | ling requirement | s, this date will no | be listed as |
| document's effective date on the Departm | ent of State's records. | | | | |
| | | | | | |
| record specifies a delayed effective date, | but not an effective ti | me, at 12:01 a.i | n, on the earlier (| of: (b) The 90th o | lay after the |
| rd is filed. | | | | | |
| Dated May 11, | 2022 | | | | |
| Dated | | <u> </u> | 1 | | |
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| // | - carre | | | | |
| Signat | ure of a member or author | orized representat | reste | | |