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Division of Corporations

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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MAR 11 2024 T LEMIEUX

From: Kaity Toon

DocuSign Envelope ID 513001E0-62C5-4F00-94CF-4348095B5B9A ARTICLES OF AMENDMENT, TO " ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our record fed Liability Company)	<u>N</u> 1
The Articles of Organization for this Limited Liability Compa Florida document number <u>L16000170311</u> .	any were filed on	andassigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited h	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 HAR -8
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	の事員
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Ftorida street addres	,
	, Flo	orida
	City	Zip Code

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

Thereby 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.

		ent. Signature of		
an changing i	NCENICI CO AE	em. Signature m	YOU REGISTERS	/4gcm

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tramenumg zumorized reison(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

Title	<u>Name</u>	Address	Type of Action
MGR	HOLLANDER, JEFT	1906 NW CORPORATE BLVD	
		SUITE W300	ERemove
		BOCA RATON, FL 33431	
MGR	SCHWARTZ, JAY	1900 NW CORPÓRATE BLVD	
		SUITE W300	
		BOCA RATON, FL 33431	
MGR	CORTAZAR, VINCENT	1900 NW CORPORATE BLVD	
		SUITE W300	
		BOCA RATON, PL 33431	⊡ Change
MGR	Corbett, Thomas	1900 NW CORPORATE BLVD	S⊃Add
		SUITE W300	Remove
		BOCA RATON, PL 33431	
MGR	Hurst, Ralph S.	1900 NW CORPORATE BLVD	∑Add
		SUITE W300	□Remove
		BOCA RATON, FL 33431	□Change
MGR	Zimmer, Jr. P. Gregory	1900 NW CORPORATE BLVD	
		SUITE W300	□Remove
		BOCA RATON, FL 33431	☐ Change
MGR	Corbett, Thomas Hurst, Ralph S.	BOCA RATON, FL 33431 1900 NW CORPORATE BLVD SUITE W300 BOCA RATON, FL 33431 1900 NW CORPORATE BLVD SUITE W300 BOCA RATON, FL 33431 1900 NW CORPORATE BLVD SUITE W300 BOCA RATON, FL 33431 1900 NW CORPORATE BLVD SUITE W300 SUITE W300	☐ Chang ☐ Add ☐ Remov ☐ Chang

To: . Page: 5 of 6 2024-03-07 14.19.30 PST 19548277645 From: Kaity Toon

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Continued List of Officers

ADD- Alliant Insurance Services, Inc.- Member - 1900 Corporate Boulevard Northwest STE 300w ,Boca Raton, FL 33431

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	D. If ar	mending	g any other informati	on, enter change(s) here: //Attach add	litional sheets, if necessary)	
						
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	F. Effe	ctive do	ite, if other than the d	late of filing:	(optional)	
	(li an	effective o	date is listed, the date must l	late of filing:	r more than 90 days after filing.) Pursuant to 6	05.0207 (3)(b)
				ck does not meet the applicable statutory from the partment of State's records.	ting requirements, this date will not be t	sted as the
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Dated

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