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SECRETARY OF STATE
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TO: Registi Divisio	ration Section nof Corporations		•	* *	• *	-	
	ALVOET LLC		•	•			
SUBJECT:		Name of Limited	Liability Company			_	
	ticles of Amendment and fe						
Please return all	correspondence concerning	this matter to to	ne following:				
	NIZAR DELB	ANI					
			Name of Person			<del></del>	
	-					2024 APR -1	
			Firm/Company			RETAIN	
	4225 NW 72N	D AVENUE	Address				
	MIAMI, FL 33	1166	Addicas			W S. O.S. EL	: ?
	WHAWH, CL. 3.		City/State and Zip Cod	le	<del></del>	— Pm 5	<u>د</u>
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C 6 1 1 6			e used for future annu	al report notifi	cation)		
	mation concerning this mat	ter, piease can.	561 (	574 3245			
Evan W. Turk, I	Name of Person	<del></del>	at () _ Area Code		Telephone Num	her	
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Enclosed is a ch	eck for the following amous	n <b>t</b> :					
■ \$25.00 Filin	g Fee		□ \$55.00 Filing Fe Certified Copy (additional copy is a		Certifi Certifi	Filing Fee, icate of Status & ied Copy is enclosed	
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Divisi	on of Corporations		Divis	ion of Corp	orations		
	Box 6327			Centre of Ta	allahassee Stroot Suite	. Q1A	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## DocuSign Envelope ID. 69FF49C8-A863-46DA-AA31-FF9A1C548A94 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

DALVOLT LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our recorded Liability Company)	5.)
The Articles of Organization for this Limited Liability Compa		
Florida document number L17000184595		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ubility 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)		
		2071 SIE
		CRE TA
Enter new mailing address, if applicable:		7 44.188 2.15 acc 2
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	33 -
<del></del>		25年 三
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	
<del></del>	, Flo	oridaZip 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.

DocuSign Envelope ID: 69FF49C8-A863-46DA-AA31-FF9A1C548A94 in amending Authorized rerson(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>	<u>Address</u>	Type of Action
AMBR	Nizar Delbani	4225 NW 72ND AVENUE	
		MIAMI, FL 33166	<b>≡</b> Remove
	D020524 LLC		Change
AMBR		1309 COFFEN AVENUE STE 1200	<b>=</b> Add
		SHERIDAN, WYOMING 82801	□Remove
			□Сһалде
AMBR	TRUST 020524	4225 NW 72ND AVENUE	, <b></b> ∏Add
		MIAMI, FL 33166	Add FORE APRemove APR
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aocum		Tective date, but n	ot an effective t	ime, at 12:01 a.m.	on the earlier of:	(b) The 90th day aft	er the
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