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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 289543 158753A AUTHORIZATION COST LIMIT ORDER DATE : July 6, 2018 ORDER TIME : 5:02 PM ORDER NO. : 289543-010 CUSTOMER NO: 158753A DOMESTIC AMENDMENT FILING NAME: NATURE'S GIFT GLOBAL L.L.C. EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY __ PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|----------|------------------------------------|---|---|---|
| enn ie | e and the second | GIFT GLOBAL L.L.C | | |
| SUBJE | .C1: | Name of Lim | ited Liability Company | · |
| The end | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please r | return all correspo | ndence concerning this matter | to the following: | |
| | | Elizabeth Man-Wai Li | | |
| | | · | Name of Person | |
| | | Golenbock Eiseman Assor | Bell & Peskoc LLP | ~ 2 |
| | | | Firm/Company | |
| | | 711 Third Avenue, 17th Fl | oor |) = |
| | | | Address | |
| | | New York, New York 100 | 17 | > |
| | | | City/State and Zip Code | (;: |
| | | eli@golenbock.com | | CC |
| | | E-mail address: (| to be used for future annual report not | ification) |
| For furt | ther information o | oncerning this matter, please ca | all: | |
| Elizabe | eth Man-Wai Li | | 212 907-7357 at () | |
| | Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclose | ed is a check for th | ne following amount: | | |
| □ \$25 | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Registr Divisio P.O. Bo | ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314 | STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Control Tallahassee, FL 3 | on orations enter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NATURE'S GIFT GLOBAL L.L.C | | |
|---|--|-------------------------|
| (Name of the Limited Liability Con (A Florida Limiu | npany as it now appears on our records.) ed Liability Company) | |
| The Articles of Organization for this Limited Liability Compa | any were filed on October 4, 2017 | and assigned |
| Florida document number L17000205603 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| V2130 Labs IP LLC | | |
| The new name must be distinguishable and contain the words "Limited Li | ability Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 1- 3 |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | ; |
| | | |
| | | • • |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | office address on our records, ent | er the name of the ne |
| | | |
| Name of New Registered Agent: | | ···· |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | 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> | <u>Name</u> | <u>Address</u> | Type of Action |
|----------------|----------------------|-----------------------------|----------------|
| MGR | Gratziela Lazarov | 320 NE 12th Ave. Apt 506 | |
| | | Hallandale, FL 33009 | ■ Remove |
| | | | Change |
| MGR | Monti Motorga | 462 Golden Isles Dr Apt 105 | □ Add |
| | | Hallandale, FL 33009 | 🖨 Remove |
| | | | Change |
| MGR | Gratziela Crisovan | 320 NE 12th Ave. Apt 506 | ⊒ ∧dd |
| | | Hallandale, FL 33009 | Remove |
| | | | □ Change |
| MGR | Olutimilehin Adedeji | 320 NE 12th Ave. Apt 506 | |
| | | Hatlandale, FL 33009 | □ Remove |
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| e: If the date inserted in thi | must be specific and cannot be prior to date of filing block does not meet the applicable statutor | ng or more than 90 days after filing.) Pursuant to 605.0 ry filing requirements, this date will not bellisted |
| ument's effective date on th | Department of State's records. | (m. |
| record specifies a dela he 90th day after the | yed effective date, but not an effec ecord is filed. | tive time, at 12:01 a.m. on the earlie |
| ed | . 2018 | |
| Harl: | Signature of a member or authorized represe | |
| | Signature of a member or authorized represe | intative of a member |

Page 3 of 3

Filing Fee: \$25.00