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| Please return all correspondence concerning this matter to the following: DANIO King Name of Person | Division of Cor | porations | | • |
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| The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DANIO KING Name of Person | SHRIFCT: KEE | PINC CAPITAL | LL | |
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| PANIO KING Name of Person ALTIVALZED PERSON Firm/Company 6445 HOUTWOOD BUD Address SALASSTM FLOWING TOOL City/State and Zip Code DANIO LOALBULEF. BIZ E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIO KING at (509) 669 1105 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee S25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy | The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
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| Firm/Company GH45 HOLY WOOD BLID | | DAVID | Kinc | |
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| SARASOTA FLOW ON 34231 City/State and Zip Code DANO LOALLIEF. B12 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANO KNU at (509) L69 1105 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{1}{2}\$\$ \$25.00 Filing Fee \$\frac{1}{2}\$\$ \$30.00 Filing Fee \$\frac{1}{2}\$\$ \$Certificate of Status \$\frac{1}{2}\$\$ (additional copy is enclosed) Certified Cupy | | | Firm/Company | |
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| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Davo Kolomo at (509) 69 1165 Name of Person Area Code Daytime Telephone Number | | | City/State and Zip Code | |
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MAILING ADDRESS:

TO:

Registration Section

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

STREET/COURIER ADDRESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| KEEPING CAPITAL LL | |
|--|---|
| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on our records.) d Liability Company) |
| The Articles of Organization for this Limited Liability Comparation for this Limited Liability Comparation document number <u>L17000 238351</u> . This amendment is submitted to amend the following: | ny were filed on 17 November 2017 and assigned 7 |
| A. If amending name, enter the new name of the limited lin | whility company here: |
| -1/2 | 2 |
| The new name must be distinguishable and contain the words "Limited Lia | ability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1962 MAIN ST DUITE 420 |
| (Principal office address MUST BE A STREET ADDRESS) | SAMOUTA FL |
| | 34236 |
| Enter new mailing address, if applicable: | 1962 MAIN ST SLITE 420 |
| (Mailing address MAY BE A POST OFFICE BOX) | SALASOTA FL |
| | 34236 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | office address on our records, <u>enter the name of the new</u> ere: |
| Name of New Registered Agent: | |
| New Registered Office Address: N/A | Enter Florida street address |
| | , Florida |
| New Registered Agent's Signature, if changing Registered Agen | , |

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> | Name | Address | Type of Action |
|--------------|-------------------|---|-----------------|
| AMBR | FUTINI PROKAS | 75 WALL ST, NYC, NY | 🗆 Add |
| | | | Æ Remove |
| | | | Change |
| AMBL | AMURAM SATTASHEEL | 323 SALTA VELDE PT LONG BEACH, CA, 90803 | ⊠ Add |
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| an efi ote: | ive date, if other than the date of filing: 1 NOVEMBE 2019 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records. |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| ated | 7 November 2019 Jake |
| | |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00