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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)280-3338

Fax Number

: (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| mail | Address | <br> | <br> |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DESOLAS HOLDINGS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 18 JUN 19 AM 10: 13

| DESOLAS Holdings LLC  | The British Date  |
|---|---|
| (Name of the Limited Lin<br>(A Flo  | ability Company as it now appears on our records.)<br>orda Limited Liability Company) |
| he Articles of Organization for this Limited Liabilit<br>forida document number <u>L18000145222</u> | ity Company were filed on 6/12/18 and assigned  |
| his amendment is submitted to amend the following   | . <mark>ष</mark> ्ट:  |
| . If amending name, enter the new name of the   | limited liability company here:   |
| he new name must be distinguishable and contain the words   | "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."       |
| nter new principal offices address, if applicable   |   |
| Principal office address MUST BE A STREET AL  | DDRESS)   |
| Enter new mailing address, if applicable:<br><u>Mailing address MAY BE A POST OFFICE BOX</u>        | <u>X)</u>   |
| 3. If amending the registered agent and/or or consistered agent and/or the new registered office    | registered office address on our records, enter the name of the address here:         |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  | Enter Florida street address  |
| INEW INCOMMENDED TO THE TRANSPORT   | Enter Plorida street address  |
| New Registered Villee, Mange.   | Enter Florida street adaress , Florida  |

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 |
|--------------|------------------|---------------------------|----------------|
| MGR          | GG Mirvis        | 524 E 72nd Street Apt 23A | Add            |
|              |                  | New York, NY 10021        | ■ Remove       |
|              |                  |                           | Change         |
| MGR          | Gabrielle Mitvis | 524 E 72nd Street Apt 23A | Add            |
|              |                  | New York, NY 10021        | ☐ Remove       |
|              |                  |                           | Change         |
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| ecord specifies a delay<br>ne 90th day after the r | yed effective date, but no record is filed.   | ot an effective time, a       | at 12:01 a.m. on the earl  |
| June 19  | 2018  |                               |  |
| *d   | 2018  | <del></del>                   |  |
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|  | Signature of a member or auth   | orized representative of a mo | ember  |
|  |   |                               |  |

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