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2022 SEP 23 AM 9: 53 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO: Registration Se Division of Cor		
	RUCT, LLC	
SUBJECT:	Name of Lim	ted Liability Company
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.
Please return all correspo	ndence concerning this matter	to the following:
	SCOTT J. WEISELBERG	
		Name of Person
	KOPELOWITZ OSTROW	FERUGSON WEISELBERG GILBERT
		Firm/Company
	1 WEST LAS OLAS BLV	D., SUITE 500
	4-4	Address
	FORT LAUDERDALE, FI	
	WEISELBERG@KOLAW	City/State and Zip Code YERS.COM o be used for future annual report notification) all: at (
	E-mail address: (o be used for future annual report notification)
For further information c	oncerning this matter, please ca	11 23 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SCOTT J. WEISELBER	G	954 525-4100 Sign 3 4 4 5 4 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for th	ne following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:
Registration S Division of C		Registration Section Division of Corporations
P.O. Box 632	-	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany as it now appears on our reconited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L18000207850}{}$.	oany were filed on AUGUST 28, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2022 SEP 23 1 SECRETARY OF TALLAHAS
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>ente</u>	- SEE
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
		lorida
	City	Zip Code

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

WECOMETRICT LIC

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 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>	Address	Type of Action
AMBR	DOUGLAS PARENT	2734 SW 36TH AVE.	□ Add
		MIAMI, FL 33133	■Remove
			Change
AMBR	SKYCON GROUP HOLDINGS, L	5201 BLUE LAGOON DRIVE	= Add
		SUITE 350	□Remove
		MIAMI, FL 33126	□Change
			□ Add
			SECRETARY OF STATE TALLAHASSEE, FL
			□Change
			□ Add
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Effective date, if other than the if an effective date is listed, the date mu	e date of filing:	4 20:	_ (optional)
If an effective date is listed, the date mu Note: If the date inserted in this b	st be specific and cannot be prior t lock does not meet the applica	o date of filing or more than 90 ble statutory filing requirem	ents, this date will not be listed as
document's effective date on the E	Department of State's records.		
		a. 12:01 a.u. ua tha aadi	San of the The Oosh day of an sho
e record specifies a delayed effecti rd is filed.			
Dated September2	2022		
C		_	
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Typed or printed name of signee