11/29/23, 11:15 AM

Division of Corporations

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(((H23000407660 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

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

Mark@signetcapitalgroup.com Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CROWN FUNDING SOURCE LLC

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

( <u>Name of the Limit</u>	C ed Liability Compa	ny as it now appears on our reco hability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Li Florida document numberL18000250318			and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabí	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		19355 Tumberry Way, Unit	24
Principal office address MUST BE A STREE		Aventura, FL 33180	
			ú,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19355 Turnberry Way, Unit	7E -7
		Aventura, FL 33180	<u>ن</u>
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	ds, <u>enter the name of the</u>
	19355 Tumber	ry Way, Unit 75	
New Registered Office Address:	19355 Turnber	ry Way, Unit 7E Enter Florida street addi	'eas
	19355 Turnber Aventura	Enter Florida street addi	ress Florida 33180 Zip Code

## Δ

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.

/s/ Menachem Skolnik	
If Changing Registered Agent, Signature of New Registered Agent	

11/29/2023 11:29 From:17184082550 To:18506176383 Date Time 11/29/23 11:29AM Pages: 4 P: 3/4

(((H23000407660 3)))
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

Title	<u>Name</u>	Address	Type of Action
AMBR	Efraim Roth	4000 Hollywood Boulevard	
		Suite 520N	■ Remove
		Hollywood, FL 33021	Change
AMBR	Yoel Berkovits	19355 Tumberry Way, Unit 7E	
		Aventura, FL 33180	□ Remove
			■ Change
AMBR	Menachem Skolnik	19355 Tumberry Way, Unit 7E	
		Aventura, FL 33180	□ Remove
			■ Change
			Add
		. <u></u>	☐ Remove
		<del></del>	☐ Change
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			Remove
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			☐ Change

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Effective date, if other than the difference (If an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Dep	ck does not meet the applicable	e of filing or more than 90 c statutory filing requireme	_ (optional) lays after filing.) Pursuant to 60: ents, this date will not be list	5.0207 ( ted as t
the record specifies a delayed ) The 90th day after the reco		effective time, at 1	2:01 a.m. on the earli	ier of:
	2023			
Dated November 28	<del></del>			
Dated	/s/ Menachem Sko	olnik		

Page 3 of 3

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