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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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| TO: | Registration Se Division of Cor | | i, | | | | |
|--------------|------------------------------------|--|--|-----------------------------------|---|-----------------|---|
| | | RIMANKI | LLC | | | | |
| SUBJ | ECT: | Name of Lim | ited Liability Company | | _ | | |
| | | Amendment and fee(s) are sub | | | | | |
| ricase | retuin an concept | macrice concerning and maner | to the following. | | | | |
| | | | Yanet Comesanas | | | | |
| | | | Name of Person | | | 2024 | |
| VGV (US) LLC | | | 7024 NOV | • | | | |
| | | | Firm/Company | | <u> </u> | -5 | |
| | | 2 | 020 Ponce de Leon, Suite 904 | | , , | 77 | • |
| | | | Address | · | — : | 전 D: 34 | • |
| | Coral Gables, FL 33134 | | | | ं की | 4 ,- | |
| | | · | City/State and Zip Code | <u> </u> | | | |
| | | E mail address (| yanetc@vivancoyvivanco.cc to be used for future annual report no | | | | |
| For fu | irther information c | oncerning this matter, please co | | otineation) | | | |
| | | omesanas | | 471-4655 | | | |
| | Name o | f Person | at () Area Code Dayt | ime Telephone Num | nber | - | |
| Enclo | sed is a check for th | ne following amount: | | | | | |
| □ s | 25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certif | Filing Fo ficate of S fied Copy onal copy is | tatus & | |
| | Mailing Addres Registration S | | Street Address: Registration S | Section | | | |
| | Division of C | Corporations | Division of C | orporations | | | |
| | P.O. Box 632 Tallahassee. | | The Centre of 2415 N. Mon | l Tallahassee roe Street, Suit | e 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RIMANKI LLC | | | |
|---|---|---------------------------|----------------------------|
| (Name of the Limited Liabil | ity Company as it now appea a Limited Liability Company) | rs on our records.) | 1000 |
| (A FIORIU | a Elitined Clability Company) | | 0 |
| The Articles of Organization for this Limited Liability (| Company were filed on | 12/17/2018 | and assigned. |
| Florida document number 1-18000288319 | | | 型。 |
| This amendment is submitted to amend the following: | | | M 10: 31 |
| A. If amending name, enter the new name of the lim | nited liability company h | <u>ere</u> : | *41 |
| The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD) | | designation "LLC" or | the abbreviation "L.L.C." |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | records, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | | <u> </u> | |
| New Registered Office Address: | | · | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address | | | |
| | | , Florid | la |
| | City [,] | , 2 2300 | 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 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 | MMYKHAILO UNTILOV | 201 Alhambra Circle, Suite 600 | □Add |
| | | Coral Gables, FL-33134 | =Remove |
| | | | □Change |
| MGR | AVALON UNITED LLC | 1521 Brandywine Plaza, Concord Pike, Suite 201 | ■Add |
| | | Wilmington, DE 19803 | □Remove |
| | | | □Change |
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| E. Effective of | late, if other than the date o | of filing: | (optional) of filing or more than 90 days after filing.) Pursuant to 60 | |
| Note: If the | e date is listed, the date must be spe se date inserted in this block does s effective date on the Departm | es not meet the applicable sta | of filing or more than 90 days after filing.) Pursuant to 60 atutory filing requirements, this date will not be lis | 5.0207 (ted as t |
| If the record spercord is filed. | ecifies a delayed effective date, | but not an effective time, at | 12:01 a.m. on the earlier of: (b) The 90th day after | er the |
| Dated | OCTOBER 21st | , 2024 | <i>!</i> | |
| <u> </u> | | | - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | |