L 19 Florida Department of State 370 Six sion of Corporations

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| To: | Division of | Corporations | NOV 10 |
| From: | | : (850)617-6383 | AH 10: |

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

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NOV TO AM TOP 13

*LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLEVER SERVICES LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

NOV 1 2 2021

A. LUNI

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Clever Services LLC | | . . |
|--|---|---|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our records.) bility Company) | |
| The Articles of Organization for this Limited Liability Company we Florida document number L1900059370 This amendment is submitted to amend the following: | | and assigned A 10: |
| A. If amending name, enter the new name of the limited liability | ty company here: | <u> </u> |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: | dress on our records, <u>enter the n</u> | ame of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| New Registered Street Address. | Enter Florida street address | |
| , , , , , , , , , , , , , , , , , , , | Florida | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | erformance of my duties, and I a ovided for in Chapter 605, F.S. (| om familiar with and Or, if this document is |

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

| Title | <u>Name</u> | Address | Type of Action |
|-------------|---------------------|--------------------------|-----------------|
| MGR | CLEVER GROUP LLC | 30 N GOULD ST R | □Add |
| | | SHERIDAN, WY 82801 | ☑ XIRemove |
| | | | |
| MMGR | Clever Group FL LLC | 7901 4th St N STE 300 | · X i∧dd |
| | | St. Petersburg, FL 33702 | □Remove |
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| r.cc. | etive date, if other than the date of filing: | | |
| (If an e <u>Note</u> | effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursual: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. | nt to 605.9 t be liste | 0207 (ed as t |
| ne reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of filed. | lay after | the |
| Date | November 10 2021 | | |
| | Signature of a member or authorized representative of a member | | |
| | Signature of a member or authorized representative of a member | | |
| | Riley Park | | |

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