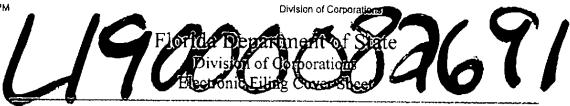
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Division of Corporations

Fax Number : (850)617-6383

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Account Name : EXPRESS CORPORATE FILING SERVICE INC. 🐱 Account Number : I20000000146

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Fax Number : (305)328-4774

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YAMY DISTRIBUTION LLC

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| Certified Copy        | 0       |
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| YAMY DISTRIBUTION LLC  |  |  |                                       |                 |
|--|--|--|---------------------------------------|-----------------|
| (Name of the Lin   | ited Liability Compr<br>(A Florida Limited | any as it now appears on our recor<br>Liability Company) | <u>rds.</u> )                         | <del></del>     |
| The Articles of Organization for this Limited Florida document number L19000082691                       | Liability Company                          | were filed on 03/25/2019                                 | · · · · · · · · · · · · · · · · · · · | and assigned    |
| This amendment is submitted to amend the fo  | llowing:                                   |  |                                       |                 |
| A. If amending name, enter the new name  | of the limited liab                        | ility company here:                                      |                                       |                 |
| The new name must be distinguishable and contain the   | words "Limited Liabi                       | lity Company," the designation "LL                       | C' or the abbrev                      | iation "L.L.C." |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS) |  | 13810 SW 139 CT  |                                       |                 |
|  |  | MIAML FL 33186   |                                       |                 |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                    |  | 13810 SW 139 CT<br>MIAMI, FL 33186                       |                                       |                 |
| B. If amending the registered agent and/or<br>agent and/or the new registered office addr                |  | address on our records, enter                            | r the name of                         | the new regist  |
| Name of New Registered Agent:  | CHANGE OF A                                | ADDRESS  |                                       | - <u> </u>      |
| New Registered Office Address:   | 13810 SW 139                               |  |                                       | <u></u>         |
|  | MIAMI                                      | Enter Florida street addre                               | 22306                                 | 2: 0            |
|  |  | , F  | lorida 33186<br>Z                     | ip 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 murely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

To:

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 |
|--------------|---------------------|-----------------|----------------|
| AMBR         | JULIO C. VEL GARCIA | 13810 SW 139 CT | □Add           |
|              |                     | MIAMI, FL 33186 | □Remove        |
|              |                     |                 | = Change       |
|              |                     |                 | □Add           |
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| (If an effective date is listed, the date             | block does not meet the applicable sta                     | (optional) filling or more than 90 days after filing.) Pursua lutory filling requirements, this date will no   |               |
| he record specifies a delayed effect<br>ord is filed. | tive date, but not an effective time, at 1                 | 2:01 a.m. on the earlier of: (b) The 90th of   | day after the |
| Dated   | , 2023   |  |               |
| /s/(  | Velio C. Vel Garcia Signature of a member or authorized re | are sentative of a respice.  |               |
| C.  | 7 Manager of a memory of agenorized te                     | resommette to a incinitel  |               |
| JULIO C. VEL GAR                                      |  |  |               |