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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| KEENAN PROME | THUS LLC | | |
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| | <u> </u> | · | |
| | | | Art of Inc. File |
| | <u>-</u> | · · · · · · · · · · · · · · · · · · · | LTD Partnership File |
| | | | Foreign Corp. File |
| | | | L.C. File |
| | | | Fictitious Name File |
| | | | Trade/Service Mark |
| | | | Merger File |
| | | | Art. of Amend. File |
| | | | RA Resignation |
| | | | Dissolution / Withdrawa) |
| | | | Annual Report / Reinstatement |
| | | | Cert. Copy |
| | | | Photo Copy |
| | | | Certificate of Good Standing |
| | | | Certificate of Status |
| | | | Certificate of Fictitious Name |
| | | | Corp Record Search |
| | | | Officer Search |
| | | | Fictitious Search |
| Signature | | | Fictitious Owner Search |
| | | | Vehicle Search |
| | | | Driving Record |
| Requested by: SETH | 07/27/22 | | UCC 1 or 3 File |
| Name | Date | Time | UCC [1 Search |
| | | | UCC Retrieval |

COVER LETTER

| | gistration Sect ision of Corp | | | |
|----------------|----------------------------------|---|---|--|
| CHIP ICCT. | Keenan Pron | netheus, LLC | | |
| SUBJECT. | | | ited Liability Company | |
| The enclosed | l Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspon | dence concerning this matter | to the following: | • |
| | | Conrad J. Boyle | | |
| | | | Name of Person | |
| | | Mombach, Boyle, Hardin & | & Simmons, P.A. | |
| | | 1000 | Firm/Company | - |
| | | 100 NE Third Avenue, Sui | te 1000 | |
| | | | Address | *** *** *** *** ********************** |
| | | Fort Lauderdale, FL 3330 | 1 | |
| | | | City/State and Zip Code | |
| | | cboyle@mbhlawyer.com | · · · · · · · · · · · · · · · · · · · | |
| | | | o be used for future annual report | notification) |
| For further in | nformation cor | ncerning this matter, please ca | atl: | |
| Conrad J. Bo | | | 954 467.2200 at () |) |
| | Name of I | Person | Area Code Day | rtime Telephone Number |
| Enclosed is a | check for the | following amount: | | |
| ■ \$25.00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUL 29 / 1 9: 53

| Keenan Prometheus, LLC | | |
|--|--|---------------|
| (<u>Name of the Limited Lia</u> (A Fla | iability Company as it now appears on our records.) Iorida Limited Liability Company) | _ |
| The Articles of Organization for this Limited Liability Florida document number L19000108311 | ity Company were filed on April 26, 2019 and | assigned |
| This amendment is submitted to amend the following | g: | |
| 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 Liability Company," the designation "LLC" or the abbreviation | "L.L.C." |
| Enter new principal offices address, if applicable: | : | |
| (Principal office address MUST BE A STREET AL | DDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | 0 | |
| B. If amending the registered agent and/or r registered agent and/or the new registered office: | registered office address on our records, <u>enter the nar address here</u> : | ne of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street oddress | |
| <u> </u> | , Florida | |
| | City Zip Co | xie |

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 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|-----------------------------|----------------|
| MGR | Dale Chynoweth | 1900 W Commerciał Boulevard | ■ Add |
| | | Suite 200 | □ Remove |
| | | Fort Lauderdale, FL 33309 | Change |
| MGR | William Keenan | 1900 W Commercial Boulevard | |
| | | Suite 200 | |
| | | Fort Lauderdale, FL 33301 | |
| | | | |
| | | | □ Remove |
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| | date, if other that | his block does i | not meet the applic | able statutory fi | ling requirements | optional) after filing.) Pursuant t s, this date will not b | o 605.0207 (c listed as t |
| iote: If t | the date inserted in the control of | the Department | of State's records. | | | | |
| lote: If to occument | the date inserted in the control of | the Department ayed effective | of State's records. ve date, but no | | | 01 a.m. on the e | arlier of: |
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