Division of Corporations

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From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future

Fma	i٦	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOJ COMPANY, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOI Company, LLC		#3 - 1				
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)	<u>.</u>)			
The Articles of Organization for this Limited L Florida document number L19000260483	iability Company	were filed on 10/16/2019	and assigned			
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1550 MADRUGA AVE STE 150				
		CORAL GABLES, FL 33146				
		LCCO MANDALICA AND CITE I	50			
Enter new mailing address, if applicable:		1550 MADRUGA AVE STE 150				
(Mailing address MAY BE A POST OFFICE BOX)		CORAL GABLES, FL 33146				
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, enter t	the name of the new register			
Name of New Registered Agent:						
New Registered Office Address:	1550 MADRU	GA AVE STE 150	7.7			
		Enter Florida street address	OF STATES			
	CORAL GAB	LES , Flo	rida <u>33146</u> <u> </u>			
		City	Zin 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	NAJNUDEL, MARCELO	1550 MADRUGA AVE STE 150	DAdd
		CORAL GABLES, FL 33146	□Remove
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cord specifies a delayed effective s filed.	date, but not an effectiv	re time, at 12:01 a.	.m. on the earlier of: (b) The 90th day after th
February 8th	2024	·		
	/s/ Tymberlyn	Teefey		