## H9000276172

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | WAIT              | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |





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| TO: Registration So<br>Division of Co |  |   |   |
|---------------------------------------|--|---|---|
| Patra Capit                           |  |   | -   |
| SUBJECT:                              | Name of Lim                                  | ited Liability Company  | <del></del>   |
|                                       |  |   |   |
| The enclosed Articles of              | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return all correspo            | ondence concerning this matter               | to the following:   |   |
|                                       | William Charles Tanenbau                     | m   |   |
|                                       |  | Name of Person  |   |
|                                       | Law Offices of William Ch                    | narles Tanenbaum  |   |
|                                       |  | Firm/Company  | ·   |
|                                       | 9701 Wilshire Blvd., #100                    | 0   |   |
|                                       |  | Address   |   |
|                                       | Beverly Hills, CA 90212                      |   |   |
|                                       | tanenbaum@tanenbaumlega                      | City/State and Zip Code<br>al.com                                   |   |
|                                       | E-mail address: (                            | to be used for future annual report notifi-                         | cation)   |
| For further information c             | oncerning this matter, please ca             | ail:  |   |
| William Tanenbaum                     |  | 310 628-0989  |   |
| Name o                                | f Person                                     | at ()<br>Area Code Daytime  | Telephone Number  |
| Enclosed is a check for the           | ne following amount:                         |   |   |
| ☐ \$25,00 Filing Fee                  | □ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fec & Certified Copy (additional copy is enclosed) | C! \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration 5         |  | Street Address:<br>Registration Sect                                | tion  |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

|                            | ,<br>gistration Se<br>ision of Cor |  |  | ·  |
|----------------------------|------------------------------------|--|--|--|
|                            | Patra Capita                       |  |  |  |
| SUBJECT:                   | <del></del>                        |  | nited Liability Company  | <del></del>  |
| The enclosed               | l Articles of A                    | Amendment and fee(s) are sub                 | omitted for filing.  |  |
| Please return              | all correspo.                      | ndence concerning this matter                | to the following:  |  |
|                            |                                    | William Charles Tanonbau                     | ım   |  |
|                            |                                    |  | Name of Person   |  |
|                            |                                    | Law Offices of William C                     | harles Tanenbaum   |  |
| Firm/Company               |                                    | · · · · · · · · · · · · · · · · · · ·        |  |  |
| 9701 Wilshire Blvd., #1000 |                                    |  |  |  |
|                            |                                    | ·  | Address  |  |
|                            |                                    | Beverly Hills, CA 90212                      |  |  |
|                            |                                    | tanenbaum@tanenbaumleg                       | City/State and Zip Code al.com to be used for future annual report notif | ication  |
| For further in             | formation co                       | oncerning this matter, please c              |  | ication  |
| William Tand               | enbaum                             |  | 310 628-0989   |  |
|                            | Name of                            | Person                                       | Area Code Daytime  | : Telephone Number   |
| Enclosed is a              | check for the                      | t 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) |
| Mai                        | ling Address                       | <u>:</u>                                     | Street Address:  |  |

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

| Patra Capital, LLC  |  |                           |                     |
|---|--|---------------------------|---------------------|
| ( <u>Name of the Limited Linbility</u><br>(A Florida L  | Company as it now appears on imited Liability Company) | our records.)             |                     |
| The Articles of Organization for this Limited Liability Cor<br>L19000276172                               | mpany were filed on                                    | nber 19, 2019             | and assigned        |
| lorida document number  |  |                           |                     |
| his amendment is submitted to amend the following:  |  |                           |                     |
| A. If amending name, enter the new name of the limite   | ed liability company here:                             |                           |                     |
| he new name must be distinguishable and contain the words "Limited  | d Liability Company "the design                        | nation "LLC" or the ab    | breviation "L. C."  |
|   | o maonity company, the design                          | intion Bibe of the no     | oreviation 15.15.6. |
| inter new principal offices address, if applicable:   |  |                           |                     |
| <u>Principal office address MUST BE A STREET ADDRE.</u>   | SS)  |                           | ·                   |
|   |  |                           |                     |
|   |  |                           |                     |
| nter new mailing address, if applicable:  |  |                           |                     |
| Mailing address MAY BE A POST OFFICE BOX)   |  |                           |                     |
|   |  |                           |                     |
|   |  |                           |                     |
| . If amending the registered agent and/or registered ogent and/or the new registered office address here: | ffice address on our recor                             | ds, <u>enter the name</u> | of the new regis    |
| tent and/or the new registered office address here:   |  |                           |                     |
| N. C. D. C. L.  |  |                           | د. ر                |
| Name of New Registered Agent:   |  |                           | : ,                 |
| New Registered Office Address:  |  |                           | ·                   |
|   | Enter Florida st                                       | reet address              |                     |
| <b></b>   | · · · · · · · · · · · · · · · · · · ·                  | , Florida                 | Zip Code-           |
|   | City   |                           | Zip Code- *         |
| ew Registered Agent's Signature, if changing Registered A   |  |                           | -                   |

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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>            | <u>Address</u>    | Type of Action |
|--------------|------------------------|-------------------|----------------|
| AMBR         | Karen DiPietrantonio   | 8 Dorchester Road | <b>≣</b> Add   |
|              |                        | Rye, NY 10580     | □Remove        |
|              |                        |                   | □Change        |
| AMBR         | Nicolas DiPietrantonio | 8 Dorchester Road | ■ Add          |
|              |                        | Rye, NY 10580     | □Remove        |
|              |                        | <del> </del>      | □Change        |
| <del></del>  |                        |                   | □Add           |
|              |                        |                   | □Remove        |
| •            |                        |                   | Change         |
|              |                        |                   | □Add           |
|              |                        |                   | □Remove        |
|              |                        |                   | □Change        |
|              |                        | ·                 | □Add           |
|              |                        | □Remove           |                |
|              |                        |                   | ☐ Change       |
| <del></del>  |                        |                   | □Add           |
|              |                        | <del> </del>      | □Remove        |
|              |                        |                   | Change         |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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|  |
| E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.  |
| Dated  |
| William Charles Tanenbaum  |

Typed or printed name of signee