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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL IN

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 annual report mailings. Enter only one email address please.

| Email | Addres | i : | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AAW INTERNATIONAL LLC

| Certificate of Status | 0 |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AAW INTERNATIONAL LLC | | | |
|--|---|---|--|
| (Name of the Lim | ited Liability Compa (A Florida Limited) | iny as it now appears on ou Liability Company) | r records.) |
| The Articles of Organization for this Limited I | iability Company | were filed on 02/26/202 | 20 and assigned |
| This amendment is submitted to amend the fol | 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 designati | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 9532 HARDING AVE | APT 103 |
| (Principal office address MUST BE A STRE | ET ADDRESS) | SURFSIDE, FL 33154 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 9532 HARDING AVE SURFSIDE, FL 33154 | |
| B. If amending the registered agent and/or agent and/or | | address on our records | SECRETION NOV region of the name of the name of the new region of the new region of the new region of the new region of the name of the new region of the name of the new region of the name of the na |
| Name of New Registered Agent: | Hugo C. Ferna | ndez | # 8: FLOG |
| New Registered Office Address: | 9532 HARDIN | G AVE APT 103 | 00 10, |
| | | Enter Florida stre | |
| | SURFSIDE | | , Florida 33154 |
| | | City | Zip 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.

Joseph Panholzer, Attorney-in-Fact 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 | AAW International Holding LLC | 9532 HARDING AVE APT 103 | |
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