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| To: |                    |                 |
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|     | <b>Division</b> of | Corporations    |
|     | Fax Number         | : (850)617-6383 |

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2022 SE

| Account Name   | : | LAZARUS CORPORATE FILING SERVICE, INC. |  |
|----------------|---|--|--|
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPRA MASTER SOLUTIONS LLC

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

| SUPRA MASTER SOLUTIONS LLC  |
|---|
| (Name of the Limited Liability Company as it now appears on our records.) |
| (A Florida Limited Linbility Company)                                     |

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned \_\_\_\_\_\_ and assigned \_\_\_\_\_\_\_.

This amendment is submitted to amend the following:

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 "LLC."

| Enter n | ew prij | icipal offi | ces addres | ss, if a | pplicable: |
|---------|---------|-------------|------------|----------|------------|
|---------|---------|-------------|------------|----------|------------|

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

| Name of New Registered Agent:  |                         |           |
|--------------------------------|-------------------------|-----------|
| New Registered Office Address: | Enter Florida street ad | idress    |
|                                |                         | , Florida |
|                                | City                    | Zip Code  |

## New Registered Agent's Signature, if changing Registered Agent:

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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 ! 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

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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

| Title    | Name                 | Address                 | Type of Action |
|----------|----------------------|-------------------------|----------------|
| AMBR     | SACHA E. BUENO RAMOS | 1750 N UNIVERSITY DR    | ≅∧đd           |
|          |                      | SUITE 218               |                |
|          |                      | CORAL SPRINGS, FL 33071 | □Change        |
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| tive date, if other tha<br>Tective date is listed, the dr<br>If the date inserted in t | te must be specifie | and cannot be prior to                | o date of filing or m | ore than 90 days afte                 | onsil)<br>r filing.) Pursuant to (    |
| nent's effective date on   | the Department      | of State's records.                   | ore statutory film    | g iodniiettiettis, tu                 | is ante-whi not be t                  |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| If the record spe<br>record is filed. | xifies a delayed effective date, but not . | an offective time, at 12:01 a.m. on the earlier of: (b) | The 90th day after the |
|---------------------------------------|--|---|------------------------|
| Dated                                 | 9-7-2022,                                  |   |                        |
|                                       | Signmur of oh                              | multer or authorized representative of a member         |                        |
|                                       |  | OLEK NAUMKO   |                        |
|                                       | · · · · · · · · · · · · · · · · · · ·      | Typed or printed name of signed                         |                        |
|                                       |  |   |                        |
|                                       |  | · ·   |                        |