Division of Corporations Electronic Filing Cover Sheet

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| | | Doing so will generate another cover sheet. | | |
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| | To: | Division of Corporations Fax Numher : (850)617-6383 | 2021 NOV - | 3 VESTA C |
| | From: | Account Name : API PROCESSING Account Number : I20110000069 Phone : (954)567-0013 Fax Number : (954)567-3401 | -3 AM 10: 17 | F CORPORATION |
| AH 10: 12 | **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: | | | |
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Electronic Filing Menu

Corporate Filing Monu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

NO.879 #882 B 10 - 3 H 10 - 1

| | Netblue Group LLC | | |
|---|--|-----------------------------|---------------------|
| (Name of the Limited Linb (A Flori | ility Company as it now appears da Limited Liability Company) | on our records.) | |
| The Articles of Organization for this Limited Liability | Company were filed on | June 3, 2020 | and assigned |
| Porida document numberL20000150742 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lit | mited liability company her | <u>:e</u> : | |
| The new name must be distinguishable and contain the words "L | imited Limbility Company." the de | signation "LLC" or the at | obreviation "L.L.C" |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADL | ORESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | ··· | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | red office address on our re : | cords, <u>enter the nan</u> | ic of the new regis |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| New Registred Critice Address. | Fatter Flori | da street address | , |
| | | , Florida | |
| | 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.

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 | Diana Ocasio | 1227 Pine Street | □∧dd |
| | | Apopka, FL 32703 | ■Remove |
| | | | |
| MGR | William J. Carrill | 1227 Pine Street | = Add |
| | | Apopka, FL 32703 | □Romove |
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| Executive thate; a desert the data must be specific and cannot be prior to detti of filling or more than 90 days after filling.) Possuant to 605.0207 (3 fan officially date in first date will not be listed as the state of the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the | document's effective | dute on the Departmen | si of State's records. | | | | |
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