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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| One Love Caribbean (Name of the Limited L. | (tisine E) Seriford 1 2020117 110:58 ability Company as it now appears on our records.) lorida Limited Liability Company) |
|--|---|
| The Articles of Organization for this Limited Liabil | ity Company were filed on Oblication 2020 and assigned |
| Florida document number <u>L20000153</u> | <u>281</u> . |
| This amendment is submitted to amend the following | ng: |
| A. If amending name, enter the new name of the | e limited liability company here: |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | |
| (Principal office address MUST BE A STREET A | DDRESS) |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BO) | 598 Sw Kanbe Ave |
| | Port St Lucie, F1, 34953 |
| B. If amending the registered agent and/or regis | stered office address on our records, <u>enter the name of the new registered</u> ere: |
| Name of New Registered Agent: | Sony Codixte 598 Sw Kaabe Ave Enter Florida street address |
| New Registered Office Address: | 578 Siv Kaabe 14ve. Enter Florida street address |
| | Port St Lucie Florida 34953 |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

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 | Veronica Graham | 698 Sco Hillsboro Circle, | □Add |
| | | Port St Lucie, F1, 34953 | Eli€move |
| | | | □Change |
| MGR | Sony Calixte | 598 Sw Kacibe Ave | DAdd |
| | | Port St Lucie, F1, 34953 | □Remove |
| | | | □Change |
| AMBR | Joseph Lajoie | 3520 NW 34th Ferrace | \&\dd |
| | | Landerdale Lakes F1 3330 | <u>⊃9</u> □Remove |
| | | | □Change |
| AMBR | Marie Pavilus | 598 Su Kaabe Ave | DAdd |
| | | Port St- Lucie, F1, 34953 | □Remove |
| | | | □Change |
| AMBR | Franc. Klin Poudy | 5732 Arbour Club Way | ⊠√qq |
| | | Boca Ration, F1, 33433 | □Remove |
| | | | □Change |
| AMBR | Jean Claude Decopin | 1640 NW SR+n ter | DAOD |
| | | Sunrise, Fl, 33313 | □Remove |
| | | | □Change |

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| f an eff <u>Note:</u> | ive date, if other than the date of filing: 1011712022 (optional) ective 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as then it's effective date on the Department of State's records. |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| The | |
| | 10-17 2022 |
| | 10-17 . 2022 |
| | Signature of a member or authorized representative of a member |

Page 3 of 3