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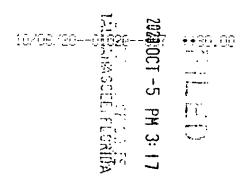
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| Certified Copies | _ Certificates | of Status |
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COVER LETTER

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| TO: Registration Division of C | n Section Corporations | | |
|--------------------------------|--|---|--|
| | YN ENTERPRISE, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles | s of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corre | espondence concerning this matter | to the following: | |
| | ANTHONY F. RYAN | | |
| | | Name of Person | |
| | ALOWYN ENTERPRISE | LLC | 2028 OCT |
| | | Firm/Company | BCT - |
| | 15800 PINES BLVD. STE | 3156 | |
| | | Address | PA |
| | PEMBROKE PINES, FL | 33027 | PH 3: 17 |
| | | City/State and Zip Code | |
| | ADMIN@ALOWYN.COM | | |
| | E-mail address: (| to be used for future annual report no | tification) |
| For further information | on concerning this matter, please c | all: | |
| ANTHONY RYAN | | 954 627-1120 at () | |
| Na | me of Person | | me Telephone Number |
| Enclosed is a check f | or the following amount: | | |
| □ \$25.00 Filing Fe | e \$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) |
| Mailing Ad | | Street Address: Registration S | ection |
| _ | on Section of Corporations | Division of Co | |
| P.O. Box | 6327 | The Centre of | Tallahassee |
| Tallahass | ee, FL 32314 | 2415 N. Monr | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | NYN ENTERPI | | | | |
|--|--------------------------------------|---------------------------------|----------------------------|---------------------|------------|
| (Name of the Limited Li (A F | ability Company orida Limited Lia | as it now app bility Company | ears on our records.) | | _ |
| The Articles of Organization for this Limited Liabili Florida document number | ty Company w | ere filed on | June 12, 2020 | and | assigned |
| This amendment is submitted to amend the following | g: | | | | |
| A. If amending name, enter the new name of the | limited liabili | ty company | here: | | |
| he new name must be distinguishable and contain the words | "Limited Liability | y Company," th | e designation "LLC" or | the abbreviation | "L.L.C." |
| Enter new principal offices address, if applicable: | | 15800 PINES | BLVD. STE 3156 | 2028 | و جو سيد |
| (Principal office address MUST BE A STREET A | | PEMBROKE | E PINES, FL 33027 | 計 C | ٠ . ٠٠٠ |
| · · · · · · · · · · · · · · · · · · · | | | | (g) , Jn | \{\bar{\}} |
| | | | | P. P. | <u> </u> |
| Enter new mailing address, if applicable: | | 15800 PINES | BLVD. STE 3156 | د د |) |
| (Mailing address MAY BE A POST OFFICE BOX) | | PEMBROKE | PINES, FL 33027 | 201 | <u> </u> |
| | | | | | |
| B. If amending the registered agent and/or registered and/or the new registered office address he Name of New Registered Agent: | | ldress on ou | r records, <u>enter th</u> | e name of the | new regis |
| 1 | 5800 PINES BI | .VD_STE 315 | 56 | | |
| New Registered Office Address: | | | ·lorida street address | | |
| P | EMBROKE PII | NES | , Flori | da ³³⁰²⁷ | |
| - | | City | , 1 1011 | Zip C | ode |

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 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> | <u>Address</u> | Type of Action |
|--------------|------------------|----------------------------|----------------|
| MGR | ANTHONY F. RYAN | 15800 PINES BLVD. STE 3156 | 🗆 Add |
| | | PEMBROKE PINES, FL 33027 | □Remove |
| | | | |
| MGR | CRISTINA CAMACHO | 15800 PINES BLVD. STE 3156 | <u>~</u> ≧Add |
| | | PEMBROKE PINES, FL 33027 | Add □ Remove |
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| ective date, if other than the date of filing: | | (optic | onal) | | |
| effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicab | date of filing or more t | han 90 days after | filing.) F | ursuant t | o 605.0 e listec |
| nument's effective date on the Department of State's records. | ic statutory timing re | quirements, uns | , date 11 | iii iiot o | - 115101 |
| | | | | | |
| cord specifies a delayed effective date, but not an effective time s filed. | e, at 12:01 a.m. on t | he earlier of: (b |) The | 90th day | after t |
| | | | | | |
| September 29 2020 | . • | | | | |
| ed Scptember 29 2020 Signature of a member or authorize | | | | | |

Filing Fee: \$25.00