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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| SUBJEC | SUMO88 I | LLC | | |
| SUBJEC | · I · · · · · · · · · · · · · · · · · · | Name of Lin | nited Liability Company | |
| The encle | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | GLORIA GUO CPA | | |
| | | | Name of Person | |
| | | GLORIA GUO & ASSOC | CIATES CPA PA | |
| | | | Firm/Company | |
| | | 8755 CARAWAY LAKE | СТ | |
| | | | Address | |
| | | BOYNTON BEACH, FL | 33473 | |
| | | | City/State and Zip Code | |
| | | GLORIAGUOCPA@GMA | AIL.COM | |
| | | E-mail address: (| (to be used for future annual report notification) | |
| For furthe | er information c | oncerning this matter, please c | all: | |
| GLORIA GUO CPA | | | 56! 3868212 | |
| | Name o | f Person | at () | |
| Enclosed | is a check for th | ne following amount: | | |
| ■ \$25. 0 | 00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed) | of Status & |
| F | Mailing Addres Registration S | Section | Street Address: Registration Section | |
| Division of Corporations | | | Division of Corporations | |
| | P.O. Box 632 Fallahassee, F | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810. | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

108 - 1,9:17

| SUMO88 LLC | |
|---|--|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number L20000177321 | were filed on 6/25/2020 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | pility company here: |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (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 agent and/or the new registered office address here: | address on our records, enter the name of the new register |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |

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

Florida _

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

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| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------|------------------------|----------------|
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| an effective date is listed, the date m | ust be specific and o | cannot be prior t | o date of filing o | or more than 90 | days after t | iling.) Pursua | nt to 605.026 |
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| | Signature of a mo | ember or author | rized representat | tive of a memb | per | | |

Filing Fee: \$25.00