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| SUBJECT: | Puiz | and | San's Name of Lin | Investm nited Liability Cor | en+ npany | uc | | _ | | |
| The enclosed | I Articles of Ar | nendment an | d fee(s) are sub | omitted for filing | ţ. | | | | | |
| Please returr | all correspond | ence concern | ing this matter | to the following |] : | | | | | |
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| Tal | lahassee, FL | 32314 | | | | | treet, Suite | e 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Prizand Sonis | Investment LC |
|---|---|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | iny <u>as it now appears on our records.)</u> Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000213967</u> | were filed on $07 21 2020$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabi" | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | _ 3733 NW 7m St |
| (Principal office address MUST BE A STREET ADDRESS) | Miami, FC 33125 |
| | |
| Enter new mailing address, if applicable: | 3233 NW =m St |
| (Mailing address MAY BE A POST OFFICE BOX) | 3733 NW =m St Migmi, FL 33125 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | 1 . 1 . 7 . |
| Name of New Registered Agent: | mila kure |
| New Registered Office Address: 3 | Enter Florida street address |
| Mi | City Floridan 38125 |
| New Registered Agent's Signature, if changing Registered Agent: | m ₁₀ |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as plaing filed to merely reflect a change in the registered office company has been notified in writing of this change. | ce to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is |

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 |
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| ed June 13m 2024. | - 1 1 | | | |