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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.

Account Number : I20180000068 Phone : (407)344-1012 Fax Number : (407)344-1371

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Chursta Freedomtaxt

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FUTURE X3, LLC**

| Certificate of Status | 0 |
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| Page Count | 04 |
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Fet. 22. 2021 1:31FM

ARTICLES OF AMENDMENT TO

No. 0322 P. 2

ARTICLES OF ORGANIZATION

| FUTURE X3, LLC | ** | <i>;</i> | | |
|--|---|----------------------|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | | | |
| he Articles of Organization for this Limited Liability Company | were filed on _08/19/2020 | and assigned | | |
| lorida document number L20000254924 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the a | bbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 27477 Sage Brush Trail | | | |
| Principal office address MUST BE A STREET ADDRESS) | Valley Center, CA 92082 | | | |
| Enter new mailing address, if applicable: | 27477 Sage Brush Trail | | | |
| Mailing address MAY BE A POST OFFICE BOX | Vailey Center, CA 92082 | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, <u>enter the nac</u> | ne of the new regis | | |
| | | 7 12 | | |
| New Registered Office Address: | Enter Florida street address | : | | |
| · | , Florida _ | | | |
| | Clty | • | | |
| New Registered Agent's Signature, if changing Registered Agent: | Ctry | Zip Còde | | |

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 an feb. 22 2021 or 1:322 Mson(s) authorized to manage, enter the title, name, and address of No. 0322 rson feeding added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|-------------|-------------------------|----------------|
| MGRM | NUGIMA, LLC | 27477 Sage Brush Trail | |
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| Effective date, if other is a selective date is listed to the date in selective date in selective document's effective | ed, the date must be spec erted in this block doe | ific and cannot be p s not meet the app | rior to date of filing or plicable statutory fil | more than 90 days afti | tional) er filing.) Pursuant to 60 nis date will not be lis | 5.0207 ted as 1 |
| | layed effective date, b | out not an effectiv | e time, at 12·01 a.m | n on the parlier of: (| (b) The 90th day afte | er the |
| e record specifies a de rd is filed. | · | | | | | |
| | | 2021 | · | | | |
| ord is filed. Dated February 22 | 0 | 1 | uthorized representati | | | |