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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : 120180000086

Phone : (916)576-7000

Fax Number

: (800)603-5868

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

Email Address: rlops@parasec.com

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OCT 0 13 2020

TO: 18506176383 From: 19165767051 Date: 10/05/20 Time: 11:22 AM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	APZIO Private E Liability Company Florida Limited La	enity LLC as it now appears on bility Company)	our records.)		
The Articles of Organization for this Limited Liab	oility Company w	zere filed on <u>08/19/2</u>	020	and assigned	
Florida document number <u>1,20000255853</u>	······································	•			
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabil	ity company here:			
AVZIRE Private Equity, LLC					_
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	y Company," the design	nation "LLC" or the abi	previation "L.L.C."	
Enter new principal offices address, if applicable:					_
(Principal office address MUST BE A STREET ADDRESS)				NEC 10	 '}~i
		·		12 O	
				(A)	1
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
				50 (1)	-
	_			r.	
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered off ice address here	ice address on or :	ir records, <u>enter</u>	the name of the	new
Name of New Registered Agent:		W E. RiN			
New Registered Office Address:	7011	BRICKELL,	AV, SUITE	1150	
MONTH MEDICAL CONTROL PRINCESS.		Enter Florida			
	H	(iAT)	, Florida	FL 33/31	
		Cny		Zip Code	
New Registered Agent's Signature, if changing R.	egistered Agent:	Λ			
I hereby accept the appointment as registered provisions of all statutes relative to the prope- accept the obligations of my position as regis- being filed to merely reflect a change in the re company has been notified in writing of this c	r and complete _l tered agent as p egistered office (performance of my rovided for in Ch	duties, and Lam j pten 605, F.S. Or,	familiar with and if this document i	

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If Changing Registered Agent, Signature of New Registered Agent

To: 18506176383 From: 19165767051 Date: 10/05/20 Time: 11:22 AM Page: 04/05

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	
			☐ Remove	
			Change	
			☐ Remove	
			☐ Change	
•			□ Add	
		☐ Remove		
			☐ Change	
		Remove		
			☐ Change	
			Add	
		□ Remove		
			□ Change	
			Add	
			□ Remove	
			☐ Change	

To: 18506176383 From: 19165767051 Date: 10/05/20 Time: 11:22 AM Page: 05/05

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable state.)	(optional) filling or more than 90 days after filling a Pursuant to 605,9207 (3)(a) arrory filling requirements, this date will not be listed as the
document's effective date on the Department of State's records.	ffortive time, at 12:01 a.m. on the earlier of:
If the record specifies a delayed effective date, but not an ef (b). The 90th day after the record is filed.	Tective unite, at 12.01 d.m. on the came. of
Dated OCTUSER IST 2020	Mala
Signature of a member or authorized re	presentative of a named
Nelson E Rincon	
Typed or printed name	of signed

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