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Account Name : LEGALING CORPORATE SERVICES INC. Account Number : 120130000011

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STANTON TECHNOLOGIES, LLC

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# AMENDED AND RESTATED ARTICLES OF ORGANIZATION FOR

### STANTON TECHNOLOGIES, LLC

A

#### FLORIDA LIMITED LIABILITY COMPANY

Pursuant to Section 605.0202 of the Florida Revised Limited Liability Act, the undersigned, being the sole member of Stanton Technologies, LLC (hereinafter "Company"), a Florida Limited Liability Company, and desiring to amend and restate its Articles of Organization, do hereby certify:

FIRST: The Articles of Organization of the Company were filed with the Secretary of State of Florida on October 15, 2020, Document Number L20000327407.

**SECOND**: These Amended and Restated Articles of Organization, which supersede the original Article of Organization and all amendments to them, were adopted by the Sole Member of the Company.

**THIRD**: To effect the foregoing, the text of the Articles of Organization is hereby restated and amended as herein set forth in full:

# ARTICLE L. ^

The name of the Limited Liability Company is: Stanton Technologies, LLC (the Company).

## ARTICLE IL Address

The mailing address and street address of the principal office of the Company is:

1688 Meridian Avenue Suite 600 & 700 Miami Beach, FL 33139

#### ARTICLE III.

Registered Agent, Registered office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

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Legaline Corporate Services Inc. 5234 Summerlin Commons Boulevard Suite 400 Fort Myers, FL 33907

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.

Legaline Corporate Services Inc. (sign)

# ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

| Title                                     | Name and Address  |
|---|---|
| AMBR = Authorized Member<br>MGR = Manager |   |
| MGR                                       | New Pine Capital, LLC<br>1688 Meridian Avenue<br>Suite 600 & 700<br>Miami Beach, FL 33139 |

#### ARTICLE V.

The Effective date shall be the date of filing.

| 26m |   |  | <i></i> | (sign) |
|-----|---|--|---------|--------|
|     | _ |  |         | _      |

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605 0203 (1) (b), Florida Statutes I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Anna Manukyan
Authorized Representative/Member