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| CULTUREOW | L PALM BEACH LLC | | |
| Name of Lim | ited Liability Company | | |
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| | SHAUL SHERIT | | |
| | Name of Person | | |
| | Culture Owl Inc | | _ |
| | Firm/Company | | r~3 |
| | 21355 E Dixie Hwy Ste106 | | 021 h |
| | Address | | 清 |
| | Aventura, FL 33180 | | 2021 HAR 18 PH 4: 02 |
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| E-mail address: (| | cation) | 100 E |
| oncerning this matter, please c | all: | | ~ ~ |
| AMY SHERIT | at (305 936 - 0554 | | |
| Person | Area Code Daytime | Telephone Number | r |
| e following amount: | | | |
| \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ite of Status & |
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| | E-mail address: (Oncerning this matter, please concerning this matter, please concerning this matter. E-mail address: (Oncerning this matter, please concerning this matter) Person E following amount: \$30.00 Filing Fee & Certificate of Status | CULTUREOWL PALM BEACH LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: SHAUL SHERIT Name of Person Culture Owl Inc Firm/Company 21355 E Dixie Hwy Ste106 Address Aventura, FL 33180 City/State and Zip Code paul@cultureowl.com E-mail address: (to be used for future annual report notification future future annual report notification for future annual report notification future | Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. SHAUL SHERIT Name of Person Culture Owl Inc Firm/Company 21355 E Dixie Hwy Ste106 Address Aventura. FL 33180 City/State and Zip Code pxul@cultureowl.com E-mail address: (to be used for future annual report notification) oncerning this matter. please call: AMY SHERIT Person Area Code Daytime Telephone Number continued and copy is enclosed) Street Address: Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | PALM BEACH LLC | | | | |
|--|---|------------------------------|--------------|---------------|--|
| (<u>Name of the Limited Liability (</u> (A Florida Li | Company as it now appea mited Liability Company) | rs on our records.) | | | |
| The Articles of Organization for this Limited Liability Com Florida document number | | December, 15 2020 | | and assi | gned |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited | I liability company h | ere: | | | |
| CULTUREOWL HOLDINGS LLC | | | | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the | designation "LLC" or the | abbrevi | ation "L.l | C." |
| Enter new principal offices address, if applicable: | | | | | |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | | <u></u> - | <u>~-></u> | |
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| | | | 77. | 55 | THE STATE OF THE S |
| Enter new mailing address, if applicable: | | | :-: | | Carabana Carabana |
| (Mailing address MAY BE A POST OFFICE BOX) | | | i inst | 70 | ; j= |
| | | | ري ٿيا | <u></u> | |
| B. If amending the registered agent and/or registered o agent and/or the new registered office address here: | ffice address on our | records, <u>enter the na</u> | 是写 ame of | the new | registere |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | Enter Flo | orida street address | | | |
| | | , Florida | | | |
| | City | | Z | lip Code | |

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| | if other than the is listed, the date m | ie date of filing: ust be specific and ca | nnot be prior to da | te of filing or more | (opt than 90 days afte | ional) er filing.) Pur | rsuant to 64 | 05.0207 |
| ffective date, an effective date | e inserted in this l | block does not me | et the applicable | statutory filing r | equirements, th | is date will | not be li | sted as |
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Filing Fee: \$25.00