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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WILBUR SMITH, LLC

Account Number : I20230000059 Phone : (239)334-7696

Fax Number : (239)334-3669

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

P/LLLP AMENDMENT/RESTATEMENT/CORRECTION 32 YELLOWFIN LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$52.50 |

10L 12 2023

T. LEMIEUX

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| ř. | 32 YELLOWFIN LC | | | ₹, | |
|----------------|--|--------------------------|---|----------------------|----------------------------|
| | | Liability Compan | ny as it now appears on our iability Company) | records.) | |
| | of Organization for this Limited Lia ment number 1.21000050250 | | | | and assigned |
| This amendme | ent is submitted to amend the follow | ving: | | | |
| A. If amendi | ng name, enter the new name of | the limited liabil | lity company here: | | |
| | | | | | |
| The new name m | oust be distinguishable and contain the wo | rds 'Limited Liabilit | ty Company," the designation | "LLC" or the abbrevi | ation "L.L.C." |
| Enter new pr | incipal offices address, if applica | ble: | 2724 Shriver Drive | | |
| (Principal off | ice address MUST BE A STREET | ADDRESS) | Fort Myers, FL 33901 | | |
| | ailing address, if applicable: | | 2724 Shriver Drive | <u> </u> | 202 |
| (Mailing addr | <u>ess MAY BE A POST OFFICE B</u> | <u>0X)</u> | Fort Myers, FL 33901 | | |
| | ng the registered agent and/or re the new registered office address | | ddress on our records, g | enter the name of | the new registered - ယ္ |
| Nam | e of New Registered Agent: | Wilbur Smith, L | LC | | ω |
| New | Registered Office Address: | 2200 Broadway, 3rd Floor | | | |
| -11 | | | Enter Florida street | address | |
| | | Port Myers | | , Florida 33901 | |
| | | | City | | ip 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

on behalf of Wilher Smith, LLC

Jul. 11, 2023 10:49AM

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

| Title | Name | Address | Type of Action |
|-------|-------------------------|------------------------|----------------|
| MGR | FORTITUDE DEEP SEA, LLC | 153 SOLANO PRADO | |
| | | CORAL GABLES, FL 33156 | ⊟Remove |
| | | | ☐ Change |
| AMBR | MICHAEL CARLINO | 2724 Shriver Drive | ≅Add |
| | | Fort Myers, FL 33901 | ПРешюче |
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| | ЛЛLY 11, 2023 |
| lf an off <u>Note:</u> | fective date, if other than the date of filing: (optional) (cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
| e recor rd is fi | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the led. |
| Dated | July 1, 2023. Signature of a member or authorized representative of a member |
| | |