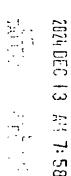


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COVER LETTER

	ration Secon on of Corp				
CITED BY CVY	AXA UK,				
30D3LC1			nited Liability Company	-	
The enclosed Ar	rticles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all	correspon	dence concerning this matter	to the following:		
		Charles A. Pardoe			
			Name of Person		
			Firm/Company		
2751 Centerville Road, Suite 300					
			Address		
		Wilmington, DE 19808			
			City/State and Zip Code	<u>-</u>	
		charels.a.pardoe@gmail.com			
		E-mail address: (to be used for future annual report n	otification)	
For further infor	mation co	ncerning this matter, please c	ail:		
			at ()		
Name of Person		Area Code Dayt	ime Telephone Number		
Enclosed is a che	eck for the	following amount:			
■ \$ 25.00 Filin	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:		Street Address:			
Registration Section Division of Corporations			-	Registration Section Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Mon	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YAXA UK, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 5, 2021 and assigned Florida document number L21000064072 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GUATE UK, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) വ 2751 Centerville Road, Suite 300 Enter new mailing address, if applicable: Wilmington, DE 19808 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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
			□Aðd
			Remove
			□Change
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			□ Change

Page 2 of 3

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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(If an effect <u>Note:</u> If	November 6, 2024 (optional) tive 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 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	Normber 21, 2024.
	Signature of a member or authorized representative of a member
	Charles A. Pardoe
	Typed or printed name of signee

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Filing Fee: \$25.00