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| (Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | | | |
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| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | (Reque | stor's Name) | |
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

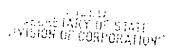
TQ:

Registration Section
Division of Corporations

| SUBJECT: RAHA-PA | JA LLC Name of Lim | ited Liability Company | · | | |
|--|--|---|--|--|--|
| | Amendment and fee(s) are sub | | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | Hannu Lennala | Name of Person | | | |
| | RAHA-PAJA | | | | |
| | KMIATAA | Firm/Company | | | |
| | 8466 Lockwood Ridge Rd | Suite 103 Address | · | | |
| | Sarasota, FL 34243 | City/State and Zip Code | | | |
| | | to be used for future annual report not | tification) | | |
| For further information c | oncerning this matter, please c | | | | |
| Hannu K Lennala Name o | f Person | at (941) 5495488 Area Code Daytin | ne Telephone Number | | |
| Enclosed is a check for the | ne following amount: | | | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Malling Addres | | Street Address: | action | | |
| Registration Section | | _ | Registration Section Division of Corporations | | |
| Division of Corporations P.O. Box 6327 | | | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | | | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 MAR -4 PM 2: 52

RAHA-PAJA 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 v | vere filed on February 18th, 2021 | and assigned |
|--|-------------------------|---|--------------------------|
| Florida document number <u>L21000083435</u> | | | |
| This arnendment is submitted to amend the fo | llowing: | | |
| A. If amending name, enter the new name | of the limited liabil | ity company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabilit | y Company," the designation "LLC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if appl | icable: | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | ar - a a |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| <u>Mailing address MAY BE A POST OFFICI</u> | E BOX) | | |
| | | | · |
| 3. If amending the registered agent and/or gent and/or the new registered office addr | | ldress on our records, <u>enter the n</u> | ame of the new regist |
| Name of New Registered Agent: | Hannu K Lennal | a | |
| New Registered Office Address: | 8341 38th St. CII | RE#207 | |
| | | Enter Florida street address | |
| | Sarasota | , Florida | 34243 |
| | | City | Zip Code |

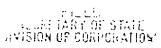
New Registered Agent's Signature, if changing Registered Agent:

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member



| <u>Title</u> | Name | Address | 21 MAR -4 PM 2: 52 | Type of Action |
|--------------|---------------|-------------------|-----------------------------------|----------------|
| CFO/PRESID | Hannu Lennala | 8466 Lockwood Ric | lge Rd. Suite 103, Sarasoata FL 3 | 342 ■ Add |
| | | Anne Lennala | | = Remove |
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| Artical II zip is 34243 | | ire Tar On of C | Y 65 OKE0 | STATE RATIO |
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| Artical IV Title: CFO/President Hannu Lennala | Zi M | AR -4 | PĦ | <u>2: </u> 58 |
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| rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory from the date on the Department of State's records. | (options r more than 90 days after fill ling requirements, this di | ing.) Purs | uant to not be | 605.02 listed : |
| ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m.s filed. | n. on the earlier of: (b) | The 90tl | h day a | after th |
| ded March 2 | | | | |
| Signature of a member or authorized representati | ive of a member | | | - |
| - · · · · · · · · · · · · · · · · · · · | | | | |