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SEGRETANG OF STATE

A. Butler

COVER LETTER

	APITAL LLC			
SUBJECT:	Name of Limi	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		
	CHRISTOPHER F EUGEN	FΕ.		
		Name of Person		
	ACHOR CAPITAL LLC			
		Firm/Company		
	601 BRICKELL KEY DRI	VE, SUITE 700		
	_	Address		
	MIAMI, FL 33131			
		City/State and Zip Code		
	ACHORCAPITAL@GMAI	COM be used for future annual report notification)		
For further information c	oncerning this matter, please ca			
CHRISTOPHER IF EUG		305 676 - 2145		
Name of Person		at ()	one 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)	S60,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
Mailing Addres	<u>s:</u>	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. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ACHOR CAPITAL LLC

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(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on 3/18/2021 [ALLAHASSEE, FL] and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 13350 NE MIAMI COURT, N MIAMI, FL 33161 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: CHRISTOPHER F EUGENE Name of New Registered Agent: 601 BRICKELL KEY DRIVE, SUITE 700 New Registered Office Address: Enter Florida street address _, Florida \frac{33131}{Zip Code} MIAMI Cin

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.

Christopher F Eugene

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>	<u>Address</u>	Type of Action
MGRM	MELISSA JACINTHE EUGENE	601 BRICKELL KEY DRIVE, SUITE 700	
		MIAMI, FL 33131	□Remove
			≡ Change
MGRM	CHRISTOPHER F EUGENE	601 BRICKELL KEY DRIVE, SUITE 700	🗆 Add
		MIAMI, FL 33131	□Remove
			≘ Change
			□Add
			□Remove
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Effective date, if other than the If an effective date is listed, the date in Note: If the date inserted in this b document's effective date on the I	ist be specific and cannot be pro- clock does not meet the app	licable statutory filing re-		
	ve date, but not an effective	e time, at 12:01 a.m. on th	he earlier of: (b) The 90th da	iy after the
ord is filed.	. 2021	·		
ord is filed.	2021 Christoph	 'er F Eugene		
ne record specifies a delayed effection or still still specifies a delayed effection or still still specifies a delayed effection or st	Christoph Signature of a member or au	en F Cugens uthorized representative of a	member	