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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | Registration Se Division of Cor | | | |
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| ettis tre | | Experiences, LLC | | |
| SUBJEC | . 1: | Name of Limi | ted Liability Company | |
| | | • | | |
| The encl | osed Articles of | Amendment and fee(s) are subr | nitted for filing. | |
| Please re | turn all correspo | indence concerning this matter t | o the following: | |
| | | Yelena Poweli | | |
| | | | Name of Person | ·• |
| | | Billionaire Experiences, 1.I. | С | |
| | | | Firm/Company | |
| | | 16710 PARTRIDGE PLAC | E #103 | |
| | | | Address | |
| | | FORT MYERS, FL 33908 | | |
| | | • | City/State and Zip Code | |
| | | founders@billionaireexperie | | |
| | | | be used for future annual report no | tification) |
| For furthe | er information c | oncerning this matter, please ca | 11: | |
| Yelena P | owell | | 407 910-3910 at () | |
| | Name of | f Person | | ne Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| ■ \$25.0 | 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) |
| | Mailing Addres | | Street Address: | oction |
| | Registration S Division of C | | Registration Se Division of Co | |
| J | P.O. Box 632 | 7 | The Centre of | Tallahassee |
| - | Tallahassee, F | FL 32314 | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT. TO ARTICLES OF ORGANIZATION OF 21 NUG-9 PH 3: 16

| Billionaire Experiences, LLC | | | |
|--|---|--|--|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000203631}{1.000203631}$. | were filed on 05/03/2021 and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | | |
| N/A | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 15880 Summerlin Rd | | |
| Principal office address MUST BE A STREET ADDRESS) | Suite 300-232 | | |
| | Fort Myers, FL 33908 | | |
| Enter new mailing address, if applicable: | 15880 Summerlin Rd | | |
| Mailing address MAY BE A POST OFFICE BOX) | Suite 300-232 | | |
| | Fort Myers, FL 33908 | | |
| 8. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | address on our records, enter the name of the new regis | | |
| | | | |
| | Florida 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 amending Authorized Person(s) suthorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| MGR = Manager AMBR = Authorized Member | | | Wischer William Kill | | |
|---|---------------|-------------|----------------------|----------------|--|
| <u>Title</u> | <u>Name</u> | Address | 21 AUG -9 PM 3: 16 | Type of Action | |
| MGR | Yelena Powell | | OGE PLACE #103 | □ Add | |
| | | FORT MYERS. | FL 33908 | ≣Remove | |
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| ffective date, if other than the date of an effective date is listed, the date must be specified. If the date inserted in this block dolocument's effective date on the Department. | eific and cannot be prior ses not meet the applic | able statutory filin | ore than 90 day | | |
| record specifies a delayed effective date, Lis filed. | but not an effective t | ime, at 12:01 a.m. | on the earlier | of: (b) The S | 00th day after the |
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| - Geles. Signati | 2 Fauld ure of a member or auth | ofized representative | of a member | | · |
| / | ure of a member or auth | Paulell | | | |