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Division of Corporations

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From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000167

Phone : (305)377-0809

Fax Number : (305)377-0781

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

Email Address: Carporate 6 Poyalaw. Com

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T. LEMIEUX Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lim | | |
|---|--|---|
| | nited Liability Company as it now appears on or (A Florida Limited Liability Company) | <u>ur records.</u>) |
| The Articles of Organization for this Limited Florida document number L21000210861 | Liability Company were filed on May 13, | 2021 and assigned |
| This amendment is submitted to amend the fo | llowing: | |
| 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 designat | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | icable: | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | |
| | · · · · · · · · · · · · · · · · · · · | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address.) | registered office address on our record | |
| Name of New Registered Agent: | | <u> </u> |
| | | 5.5 |
| New Registered Office Address: | 200 South Andrews Avenue, Suite 600 | 202 |
| New Registered Office Address: | Enter Florida stre | pet address , Florida 33301. |
| New Registered Office Address: New Registered Agent's Signature, if changing | Enter Florida stree Fort Lauderdale City | ret oddress Florida 33301. Zip Code Code Code |

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 |
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| f an ei Note: | ive date, if other than the da fective date is listed, the date must be If the date inserted in this block thent's effective date on the Depa | specific and cannot be does not meet the a | iooucanie staniioru | (op gor more than 90 days aff filing requirements, the | tional) er filing.) Pursuant to 605. his date will not be liste | 0207 d as |
| reço rd is fi | d specifies a delayed effective da led. | ate, but not an effect | ive time, at 12:01 | a.m. on the earlier of: | (b) The 90th day after | the |
| Dated | April 19 | , 2023 | <u> </u> | | | |
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| | | thorized Representa | | | | |

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