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TO:	Registration So Division of Cor			\hat{v} . $\frac{1}{3}$	ð.			
SUBJE	3Marks Glo							
SOBJE	CI	·	nited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please re	eturn all correspo	ndence concerning this matter	to the following:					
		Kate Wood						
			Name of Person					
		ZenBusiness Inc.						
			Firm/Company					
		5511 Parkerest Dr., Ste 10),3					
			Address					
		Austin, TX 78731						
		City/State and Zip Code						
		fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification)						
For furth	ner information co	oncerning this matter, please c	·	псанон)				
Kate Wood c/o ZenBusiness Inc.			844 493-6249 at ()					
Name of Person		Area Code Daytime	e Telephone Number					
Enclosed	d is a check for th	e following amount:						
≅ \$ 25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section \$60.00 Filin Certificate of Certified Contact (additional contact)	of Status &			

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3Marks Global 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 7/23/2021 and assigned Florida document number ± 21000334999 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rihla Company 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) \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

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) 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
	 -		□Add
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Filing Fee: \$25.00