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Email Address: Michael.Denberg@Saul.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DDD ASSET MANAGEMENT COMPANY LLC

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COVER LETTER

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SHR IFC"	DDD ASSI	ET MANAGEMENT COMPA	NY LLC	
SOBJECT	•	Nume of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Michael Denberg		
			Name of Person	
			Firm/Company	- · · · · · · · · · · · · · · · · · · ·
		200 E. Las Olas Blvd., Sui	ite 1000	
			Address	
		Fort Lauderdale, FL 33301	l	
			City/State and Zip Code	
		Michael.Denberg@Saul.com	in to be used for future annual report i	Total Control of the
For further	information c	ic-mail address; c concerning this matter, please c		ouncaron
Michael D	enberg		305 4284522 at ()	
	Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed is	s 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)
	lailingAddres		<u>StreetAddress</u> Registration	
D	ivision of C	orporations	Division of C	Corporations
	.O. Box 632 allahassee. l			f Tallahassee iroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DDD ASSET MANAGEMENT COMPANY LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears (iability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L21000359887 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability			and assigned as on 17
A. If alliending maney cure the new mane or the minted harm	my company ner	·	
The new name must be distinguishable and contain the words "Limited Liabil	ty Company," the des	guation "LLC" or the abbro	viation "L.L.C."
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 a agent and/or the new registered office address here:	ddress on our rec	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Ftorid	a street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ζij		mp com
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of n provided for in Ch	y duties, and I am far apter 605, F.S. Or, if	niliar with and this document is
If Chan	ging Registered Agen	t, Signature of New Regis	tered Agent

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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

Title	<u>Name</u>	Address	Type of Action
MGR	Jonathan Denberg	900 Biscayne Blvd, Apt 6003	🗆 Add
		Miami, FL 33132	■Remove
			□ Change
MGR	Jonathan Dahari	900 Biscayne Blvd. Apt. 6003	■Add
		Miami, FL 33132	□Remove
			Change
			Dadd
			□Remove
		-	Change
			🗆 Adđ
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record specifies a delayed effective d is filed.	date, but not an ef	lective time, a	(12:01 a.m. on th	e earlier of: (b) T	he 90th day a	fter the	e e
Dated October 27	202						
	Antonia	or authorized	representative of a	nember			