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To:

Division of Corporations

Fax Number : (850)617-6383

From:

2022 MAY -4 PM 4: 49

Account Name : FILE RIGHT LLC Account Number : I20170000091 : (718)878-5811 Phone

: (718)732-4580 Fax Number

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

| Email Address: |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CHARMER VENTURES 6 LLC**

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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| 18506176383 , _ | Page: 2 of 5 | 2022-05-04 20:23:50 GMT | 17187959036 | From: M | ark Fuchs |
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| x Reference: 112200016202 | 2 3 | COVEDIETTED | | | |
| | | COVER LETTER | • | | |
| TO: Registration S Division of Co | | | | | |
| | | | ₹ | | |
| SUBJECT: | ER VENTURES 6 LLC | | | | |
| | Nume of Lit | mited Liability Company | | | |
| The enclosed Articles o | f Amendment and fee(s) are su | bmitted for filing. | | | |
| Please return all corresp | oondence concerning this matte | r to the following: | | | |
| | | | | | |
| | | Name of Person | | | |
| | FILE RIGHT LLC | | | | |
| | | Firm/Company | | | |
| | 5314 16TH AVENUE, S | UITE 139 | | 2022 HAY — | |
| | | Address | | | · ; ; |
| | BROOKLYN, NY 1120- | 4 | | 100 m | 1 |
| | sales@fileacorp.com | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · | PH 12: 04 | |
| | - | (to be used for future annual report not | ification) | 35. B | |
| For further information | concerning this matter, please | call: | | * | |
| Sara | | 718 878-5811 | | _ | |
| Name | of Person | Area Code Daytir | ne Telephone Number | | |
| Enclosed is a check for | the following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & | S60.00 Filing F | | |
| | Certificate of Status | Certified Copy (additional copy is enclosed) | Certificate of S Certified Copy (additional copy i | ′ | |
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| MailingAddr | | StreetAddress: | tim | | |
| Registration Division of | i Section Corporations | Registration Se Division of Co | | | |
| P.O. Box 63 | | The Centre of | | | |

Tallahassee, Fl. 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

From: Mark Fuchs

Fax Reference: H22000162022 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) hability Company) | |
|--|--|-------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000465408</u> . | were filed on 10/27/2021 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1530 MCDONALD AVENUE, SUITE D | |
| (Principal office address MUST BE A STREET ADDRESS) | BROOKLYN, NY 11230 | 2022 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1530 MCDONALD AVENUE, SUITE D | 2011 A |
| | BROOKLYN, NY 11230 | PH 12: |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, enter the name | 940 |
| New Registered Office Address: | Enter Florida street address | <u> </u> |
| | , Florida | |
| | City | Zin Code |

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.

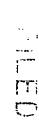
From: Mark Fuchs

17187959036

Fax Reference: [122000] 62022 3 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 |
|--------------|------------------|-------------------------------|----------------|
| MGR | ROBERT ROSENBERG | 1530 MCDONALD AVENUE, SUITE D | □Add |
| | | BROOKLYN, NY 11230 | ■ Remove |
| | | | □Change |
| MGR | DAVID ROSENBERG | 1530 MCDONALD AVENUE, SUITE D | ∃ Add |
| | | BROOKLYN, NY 11230 | Remove |
| | | | Change |
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| Effective date, if other than the If an effective date is listed, the date mus <u>Note:</u> If the date inserted in this bl document's effective date on the D | t be specific and cr ock does not me | mnot be prior to et the applicat | date of filing or r | nore than 90 days a | after filing.) Pursusu | n to 605.0 . be listed |)207 (d as t |
| e record specifies a delayed effectiv rd is filed | e date, but not ar | n effective tim | c, at 12/01 a m | on the earlier of |] (b) - The 90πh d | ay after i | rlic |
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MARK FUCHS Typed or printed name of signce