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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

Registration Section

| Division of C | Corporations | | |
|---|--|--|---|
| | BLIN TECHNOLOGIES LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corre | spondence concerning this matter | to the following: | |
| | ADAM BERGMAN | | |
| | | Name of Person | |
| | IRA FINANCIAL TRUST | COMPANY | |
| | | Firm/Company | |
| | 5024 S BUR OAK PLACI | E, SUITE 200 | |
| | | Address | |
| | SIOUX FALLS, SD, 5710 | 8 | |
| | *************************************** | City/State and Zip Code | |
| | LLC@irafinancialgroup.co | | |
| For Author information | | to be used for future annual report no | diffication) |
| roi iuruiei intormatio | n concerning this matter, please c | all: | |
| ADAM BERGMAN | | 305 538-9292 at () | |
| Nam | e of Person | Area Code Daytii | me Telephone Number |
| Enclosed is a check fo | r the following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Add Registration Division of P.O. Box 6 Tallahassee | n Section Corporations 327 | Street Address: Registration So Division of Co The Centre of 2415 N. Monro | rporations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| RAT GOBLIN TECHNOLOGIES LLC | | 2021 2102 | 0.50. |
|---|---|---------------------|---------------------------|
| (Name of the Limited 12 (A F | iability Company as it now appears on our lorida Limited Liability Company) | r records. | ያ ጉዙ ቴ፡ 32 |
| The Articles of Organization for this Limited Liabil Florida document number L21000466313 | | • | OF STATE land assigned |
| his amendment is submitted to amend the following | ng: | | |
| A. If amending name, <u>enter the new name of the</u> | limited liability company here: | | |
| he new name must be distinguishable and contain the words | "Limited Liability Company," the designation | on "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable | :: | | |
| (Principal office address MUST BE A STREET A | DDRESS) | | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX | <u> </u> | | |
| B. If amending the registered agent and/or regist agent and/or the new registered office address he | tered office address on our records, ere: | enter the name | of the new regist |
| Name of New Registered Agent: | | 1400 | . 113 |
| New Registered Office Address: | | | |
| | Enter Florida street | address | |
| | | , 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 Changing Registered Agent, Signature of New Registered Agent

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> | Name | Address | Type of Action |
|--------------|----------------|-----------------------------|-----------------|
| MGR | SARAH B LUDWIG | 2686 HONEY RD | |
| | | NORTH PALM BEACH, FL, 33403 | ≡ Remove |
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| Effective date, if other than the of an effective date is listed, the date must Note: If the date incorrect in this base | ck does not meet the | applicable statutory t | (opti or more than 90 days after iling requirements, thi | onal) - tiling.) Pursuant to 605.02 s date will not be listed |
| voice in the date inserted in this biod | | | | |
| locument's effective date on the Dep | date, but not an effec | ctive time, at 12:01 a. | m. on the earlier of: (b |) The 90th day after the |
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| crecord specifies a delayed effective d is filed. NOVEMBER 4TH | , 2021 | etive time, at 12:01 a. | | e) The 90th day after the |

Filing Fee: \$25.00