Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

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

| Fmail | Address: | |
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COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|-------------------------|------------------------------------|--|---|---|
| SUBJE | | STING SOLUTIONS LLC | | |
| JUBIL | | Name of Limit | ted Liability Company | |
| The end | closed Articles of | Amendment and fee(s) are subn | nitted for filing. | |
| Please | eturn all correspo | ndence concerning this matter (| o the following. | |
| | | Cheyenne Moseley | | |
| | | | Name of Person | |
| Legalzoom.com, Inc. | | | | |
| | | | Firm/Company | |
| | | 101 N Brand Blvd 11th Fl | | |
| | | | Address | |
| Glendale, CA 91203 | | | | |
| City/State and Zip Code | | | | |
| | | shirazali82@hotmail.com | | |
| | | E-mail address: (10 | be used for future annual report notifica | ntion) |
| For furt | her information co | oncerning this matter, please cal | H: | |
| Cheyer | ine Moseley | | 800 773-0888 | |
| | Name of | Person | at () Area Code Duytime T | elephone Number |
| Enclose | 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) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Page: 2 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FILED |
|---------------------|
| 2022 JAN 14 BM |
| TALLAHASSEE FLORIS. |

MA INVESTING SOLUTIONS ELC

(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 and assigned | |
|--|---|-----------|
| Florida document number L21000486212 | | |
| 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 abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 4436 South Lake Orlando Pkwy. | |
| (Principal office address MUST BE A STREET ADDRESS) | Orlando, Florida 32808 | |
| Enter new mailing address, if applicable: | 4436 South Lake Orlando Pkwy. | |
| (Mailing address MAY BE A POST OFFICE BOX) | Orlando, Florida 32808 | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: | | <u>:w</u> |
| New Registered Office Address | Enter Florido street address | |
| | | |
| | City , Florida 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:

LegalZoom.com, Inc.

MGR = Manager

AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|---|------------------|---|----------------|
| AMBR | Shiraz Ali | | □ Add |
| | | | Remove |
| | | 4436 South Lake Orlando Pkwy. Orlando, Florida 32808 | ■ Change |
| AMBR | Margaret Rajaram | | 🖸 Add |
| | | | 🗖 Remove |
| | | 4436 South Lake Orlando Pkwy. Orlando, Florida 32808 | ■ Change |
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2022-01-14 10.03:40 PST Page: 4 of 6 LegalZoom.com, Inc. From: Benjamin Perez D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filling: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605.0207 (3)(b) _(optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. DEC- 27

Page 3 of 3

Shiraz Ali

Filing Fee: \$25.00

Typed or printed name of signee