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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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TO:

Registration Section

| Division of Co | rporations | | | | | |
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| JAPANISE | TLLC , | | • | | | |
| SUBJECT: | | , | | | | |
| · | Name of Lin | nited Liability Company | • | • | | |
| | | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | | |
| | ALEJANDRO GASTELU | IM | | | | |
| | | Name of Person | | _ | | |
| | WS CORPORATE SERV | ICES LLC | | | | |
| | | Firm/Company | | _ | | |
| | 33 SW 2ND AVE. UNIT | 1101 | | | | |
| | | Address | | 2022 - T | | |
| | MIAMI - FL 33130 | | | 2022 AUG 22 SECRETARI | | |
| | ARY OF STATE | | | | | |
| | E-mail address: (| to be used for future annual report noti | fication) | က်ကြဟ တ | | |
| For further information c | oncerning this matter, please c | all: | | 38 71 71 71 | | |
| ALEJANDRO GASTEI | JUM | +1 7867804548 | | 1.4 | | |
| Vone | of Person | at () | 21:1 1 2:1 | | | |
| Name o | n retson | Area Code Daytim | e Telephone Numbe | er | | |
| Enclosed is a check for the | he following amount: | | | | | |
| X \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifie | ate of Status & | | |
| Mailing Address | | Street Address: | | | | |
| Registration S Division of C | | Registration Section Division of Corporations | | | | |
| P.O. Box 632 | • | The Centre of T | • | | | |
| Tallahassee, 1 | FL 32314 | 2415 N. Monroe | | 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lin | nited Liability Compan (A Florida Limited Li | v as it now appears on our i ability Company) | records.) | | | |
|---|---|--|--|----------------------|--|--|
| The Articles of Organization for this Limited Florida document number | Liability Company v | vere filed on | | and assigned | | |
| This amendment is submitted to amend the fo | llowing: | | | | | |
| A. If amending name, enter the new name | of the limited liabili | ity company here: | | | | |
| The new name must be distinguishable and contain the | words "Limited Liability | y Company." the designation | "LLC" or the abbrevia | nion "L.L.C." | | |
| Enter new principal offices address, if appl | icable: | 3250 NE 1ST AVENUE SUITE 305 MIAMI, FL 33137 | | | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | | | |
| | | | <u> </u> | | | |
| Enter new mailing address, if applicable: | | 33 SW 2ND AVE. UNIT | 1101 <u> </u> | · | | |
| Mailing address MAY BE A POST OFFICE | E BOX) | MIAMI FL 33130 | · <u>.</u> | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addr | registered office ad ess here: | dress on our records, <u>e</u> | SECREGE TALLIE OF HAR | 2022 AUGlew register | | |
| Name of New Registered Agent: | WS CORPORAT | E SERVICES LLC | 35 SSI SSI SSI SSI SSI SSI SSI SSI SSI SS | | | |
| New Registered Office Address: | 4000 PONCE DE | LEON, BLVD STE 470 | 四四 | 39 | | |
| | - | Enter Florida street a | | | | |
| | CORAL GABLE: | | Florida | | | |
| | | City | designation "LLC" or the abbreviation "L.L.C." AVENUE SUITE 305 MIAMI, FI, 33137 VE. UNIT 1101 130 SECRET THE name of the new rest that the name of the name of the new rest that the name of the name o | o Code | | |

New Registered Agent's Signature, if changing Registered Agent:

JAPANISH LLC

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------------|---|----------------------|
| AP | WS CORPORATE SERVICES LLC | 4 O PONCE DE LEON, BLVD STE 479 CORAL GABLES - FL 33146 | |
| | | | X Add |
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| AMBR | RAFAELTOHME | 33 SW 2ND AVE, UNIT 1101 MIAMI-FL 33131 | % Add |
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| ective date, if other than the date of fi | e and cannot be prior t | o date of filing | or more than 90 day | 's after filing.) | Pursuant to | 605.0 |
| te: If the date inserted in this block does nument's effective date on the Department | of State's records. | ible statutory i | iling requiremen | ts, this date | will not be | · listed |
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| cord specifies a delayed effective date, but s filed. | not an effective tin | ne, at 12:01 a. | m, on the earlier | of: (b) The | 90th day | after t |
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