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CY ALLAHASSEE, FLORIDA ALLAHASSEE, FLORIDA

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| TO: | Règistration Se Division of Co | | | |
|----------------|-----------------------------------|--|---|---|
| SIII IE | AEKI, LLO | C | | |
| SUBJEC | .1: | Name of Lim | ited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | VINICIUS ADAM | | |
| | | | Name of Person | |
| | | VADAM LAW, PLLC | | |
| | | | Firm/Company | |
| | | 511 SE 5TH AVE. SUITE | 104 | |
| | | | Address | |
| | | FORT LAUDERDALE, F | L 33301 | |
| | | | City/State and Zip Code | |
| | | VINICIUS@VADAMLAW | | |
| | | E-mail address: (| to be used for future annual report notif | fication) |
| For furth | er information o | concerning this matter, please co | all: | |
| VINICI | US ADAM | | 954 253-8848 at () | |
| | Name o | of Person | | e Telephone Number |
| Enclosed | l is a check for t | he 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 Addres | | Street Address: Registration Sec | ction |
| | Division of C | | Division of Cor | |
| | P.O. Box 632 | | The Centre of T | |
| | Tallahassee, | rl 32314 | 2415 N. Monro | e Street. Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

AEKI, LLC

2022 JUL -8 PM 2: 13

| (Name of the Lim | ited Liability Company as it now appears (A Florida Limited Liability Company) | SECRETARY OF STATE |
|--|--|--|
| The Articles of Organization for this Limited I | Liability Company were filed on 01/2 | TALLAHASSEE, FL 28/2022 and assigned |
| Florida document number L22000050642 | | |
| This amendment is submitted to amend the fol | | |
| A. If amending name, enter the new name | of the limited liability company her | <u>-e</u> : |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the de- | signation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | icable: | <u>-</u> |
| | ET ADDRECC | |
| (Principal office address MUST BE A STRE. | | |
| Enter new mailing address, if applicable: | | |
| (Principal office address MUST BE A STRE) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent: | registered office address on our re | cords, enter the name of the new reg |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addressed of New Registered Agent: | registered office address on our reess here: | cords, enter the name of the new reg |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address. | registered office address on our resess here: THE LAW OFFICE OF VINICIUS 511 SE 5TH AVE, SUITE 104 | cords, enter the name of the new reg |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addressed of New Registered Agent: | registered office address on our reless here: THE LAW OFFICE OF VINICIUS 511 SE 5TH AVE, SUITE 104 Enter Florid | cords, enter the name of the new reg |

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> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|---------------------------|----------------|
| MGR | SEAN E TAL | 511 SE 5TH AVE, SUITE 104 | □Add |
| | | FORT LAUDERDALE, FL 33301 | Remove |
| | | | □Change |
| MGR | AUSTIN M TAL | 511 SE 5TH AVE. SUITE 104 | ≣Add |
| | | FORT LAUDERDALE, FL 33301 | □Remove |
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| Effective date, if other than the date of (If an effective date is listed, the date must be speci | filing: | | (option | nal) |
| Note: If the date inserted in this block does document's effective date on the Department | anot meet the applicable a | e of filing or more t statutory filing re | than 90 days after fequirements, this | date will not be listed |
| he record specifies a delayed effective date, b ord is filed. | ut not an effective time, a | t 12:01 a.m. on t | he earlier of: (b) | The 90th day after th |
| Dated | 2022 | | | |
| | Sean E | $T_{\alpha}I$ | | |
| Signatur | e of a member or authorized | representative of a | nember | |
| SEAN E. TAL | | | | |