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

3052201440

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone Fax Number : (305)675-5944

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 P.P.C RESEARCH GROUP LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
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Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO : ARTICLES OF ORGANIZATION OF

| P.P.C Research Group LLC | | |
|--|---|---------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears on our records.) ted Liability Company) | |
| The Articles of Organization for this Limited Liability Comp Florida document number 122000116415 | any were filed on 03/07/2022 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| PPC Enterprises LLC | | |
| The new name must be distinguishable and contain the words "Limited L | liability Company," the designation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | N/A | |
| (Principal office address MUST BE A STREET ADDRESS | 5) | |
| | | |
| Enter new mailing address, if applicable: | N/A | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | ice address on our records, <u>enter t'he nam</u> | 2022 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | 25 AM |
| | . Florida | · , |
| | City | Zíp 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.

3052201440

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 |
|--------------|------|---------|----------------|
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| Effective date, if other than (If an effective date is listed, the da Note: If the date inserted in t document's effective date on | us block does not m | leet me apprication | ate of filing or more the statutory filing req | (optional) an 90 days after filing.) uirements, this date v | Pursuant to 605.0207 will not be listed as |
| the record specifies a delayed ef cord is filed. | Tective date, but not | an effective time | , at 12:01 a.m. on th | e earlier of: (b) The | 90th day after the |
| Dated July 25 | | 2022 | | | |
| Dated | 11 | | | | |
| | Signature of a state o | member or authoriz | ed representative of a | member | |
| // | DIETUTO OT & | | . , | | |