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(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer: J. HORNE APR 2 2022						

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DIVISION OF CORPORATION TALLAHASSEE, FLORIDA

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SECRETARY OF STATE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

XX ___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 632616 4983A AUTHORIZATION : COST LIMIT ORDER DATE: April 21, 2022 ORDER TIME : 1:01 PM ORDER NO. : 632616-010 CUSTOMER NO: 4983A DOMESTIC AMENDMENT FILING NAME: NORTH POND, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT ___ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration S Division of Co			
North Pon	d, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kevin L. McNab		
		Name of Person	
	Cozen O'Connor		
		Firm/Company	-
	1650 Market St., Suite 280	00	
		Address	
	Philadelphia	PA 19103	
		City/State and Zip Code	
	kmcnab@cozen.com		
For further information (concerning this matter, please c	to be used for future annual report no all:	onication)
Kevin L. McNab		215 665-2117	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 633	27	The Centre of	Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAI'S

North Pond. LLC		PAR T			
	omnany as if now appears on our records	<u> </u>			
(A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	- i			
The Articles of Organization for this Limited Liability Complete Florida document number <u>L22000148929</u> .	pany were filed on 04/07/2022	and assigned			
This amendment is submitted to amend the following:		•			
A. If amending name, enter the new name of the limited	liability company here:				
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES.	<u> </u>				
Enter new mailing address, if applicable:	DB Family Office Services LLC				
(Mailing address MAY BE A POST OFFICE BOX)	4455 Military Trail, Suite 201				
	Jupiter, Florida 33458				
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, enter the n.	ame of the new registered			
					
New Registered Office Address:	Enter Florida street address				
	Florida				
	City	Zin 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 = N	l from our records:		
	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			□Remove
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an effectiv ote: If t	date, if other we date is listed, the date inserted is effective date	he date must b d in this bloc	e specific and k does not n	cannot be prioneet the appli	cable statut	ling or more t	than 90 days a	otional) fler filing.) Pr this date wi	ursuant to 605.0: If not be listed
ecord sp is filed.	ecifies a delay	ed effective o	late, but not	an effective t	ime, at 12:	01 a.m. on t	he earlier of:	(b) The 9	0th day after t
ted Ap	oril 21		,	, 2022	·	. /			
			Mu	7	J.A	1			
		Si	gnature of a r	nember or anth	orized repre	sentative of a	member		 -
	Kevin L. Mcl		gnature of a r	member or auth	norized repre	sentative of a	member		

Filing Fee: \$25.00

COVER LETTER

: ;

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations						
North Ponc	i. LLC						
SUBJECT: Name of Limited 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:					
	Kevin L. McNab						
		Name of Person					
	Cozen O'Connor						
		Firm/Company	·				
	1650 Market St., Suite 280	00					
		Address					
	Philadelphia	PA 19103	3				
		City/State and Zip Code					
	kmcnab@cozen.com						
	E-mail address: (to be used for future annual repor	1 notification)				
For further information c	oncerning this matter, please c	all:					
Kevin L. McNab		215 665-21 at ()					
Name o	f Person	Area Code D	aytime Telephone Number				
Enclosed is a check for the	ne following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addres		Street Addres					
Registration S		Registration Section					
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303