To: 18506176383 From: 14693173436 Date: 07/28/22 Time: 3:06 PM Page: 01/04

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Fma11	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEPENDABLE OUTSOURCING LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on c ed Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compa	any were filed on 04/08/20	o22 and assigned
Florida document number 1.22000169563		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Cowan Capital Group, LLC		
The new name must be distinguishable and contain the words "Limited L	ability Company," the designa	ition "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		l a contra de la contra dela contra de la contra dela contra de la contra del la contra
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our record	is, enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		, Florida
	Ciù.	Zsp Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a	agree to act in this capa	city. I further agree to comply wit
provisions of all statutes relative to the proper and compl	lete performance of my a	luties, and I am familiar with and to: 605 E.S. Or, if this document
accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off	as provided for in Chap fice address, I hereby co	nfirm that the limited liability
being filed to merely reflect a change in the registered off company has been notified in writing of this change.	fice address. I hereby co	infirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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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 = MAMBR = A	MGR = Manager AMBR = Authorized Member			
Title	<u>Name</u>	Address	Type of Action	
			Remove	
			Change	
			□ Add	
			□Remove	
			□Change	
			□Add	
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			Remove	
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/// 100000	050454 0\\\		[]]Change	

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f amending any other inform	nation, enter change(s)	here: (Attach addi	tional sheets, if necessary.)	
				
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Effective date, if other than the fan effective date is listed, the date Note: If the date inserted in this document's effective date on the	s block does not meet the a	pplicable statutory fil	(optional) more than 90 days after filing.) Pu ling requirements, this date wil	isuant to 605 0207 (I not be listed as th
record specifies a delayed effect d is filed.	ctive date, but not an effect	live time, at 12.01 a.π	n, on the earlier of, (b) The 90	Oth day after the
Dated June 22	. 2022	·		
Roman Con	(44 A M			
COMMUNICO COL	www			
Norman Col	Signature of a member or	authorized representati	ve of a member	

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