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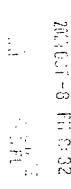
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COVER LETTER

Registration Section

TO:

Division of	Corporations				
Aquila	Tov, LLC				
SUBJECT:	Name of Lir	nited Liability Company			
The enclosed Article	s of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corr	espondence concerning this matter	r to the following:			
	Mark Ruddy				
		Name of Person			
	Ruddy Gregory, PLLC				
		Firm/Company			
	1225 15th Street NW				
		Address			
	Washington, D.C. 20005				
		City/State and Zip Code			
	andrew.whyte@statarcapit	al.com (to be used for future annual report no	nification)		
For further informati	on concerning this matter, please of		on carony		
Mark Ruddy		202 797 0762			
Na	me of Person		me Telephone Number		
Enclosed is a check t	for the following amount:				
■ \$25.00 Filing Fe	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)		
	on Section	Street Address: Registration S			
Division of P.O. Box	of Corporations 6327		Division of Corporations The Centre of Tallahassee		
	ee, FL 32314	2415 N. Monr	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aquila Tov, LLC		2614 com
(Name of the Limited Lia (A Flo	ibility Company as it now appears on orida Limited Liability Company)	our records:) - 3 Pii C: 33
The Articles of Organization for this Limited Liability Florida document number 1.22000196261	y Company were filed on 04/25/2	2022 India and assigned
This amendment is submitted to amend the following	·	
~	•	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ds, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
	City	, Florida Zip Code
	e nj	rap cone

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 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
AMBR	Ron Ozer Trust	460 N.E. 28th Street, #4304	Add
		Miami, Florida 33137	□Remove
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			⊟Remove
			□ Change
			
			□Remove
			☐Change
			□Add
			□Remove
			□ Change

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factive data if other than th	o date of filings		(antion)	an.
fective date, if other than the effective date is listed, the date mote: If the date inserted in this becament's effective date on the line.	block does not meet the app	plicable statutory filin	ore than 90 days after fili g requirements, this da	ng.) Pursuant to 605.0207 ite will not be listed as
ecord specifies a delayed effecti is filed.	ive date, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ted	2024			
	·			
	1 (Rudly			
	Signature of a membyr or a	uthorized representative	of a member	