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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer |
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Office Use Only

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SECRETARY of STARE ALLAHASSEE, FLORIO

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VK

COVER LETTER .

| Division of Corpo | rations | | |
|-------------------------------|--|---|--|
| SUBJECT: AD | LNUESTORS 6 | POOP LC | |
| | | | |
| The enclosed Articles of Ar | mendment and fee(s) are sub | mitted for filing. | |
| Please return all correspond | ence concerning this matter | to the following: | |
| | Jaimt 1 | A SPIEZIO. Name of Person | |
| | AD INUES | Firm/Company | <u></u> |
| | 2775 NE 18 | 7TH UNIT A12 | |
| | <u>AUFN7URA</u> | TWRIDA 331 City/State and Zip Code | 80. |
| | info edan | eal 10 r5 . Com . to be used for future annual report notifi | ication) |
| For further information con- | cerning this matter, please ca | all: | |
| JOHNE A. | SRLEZIO | at (<u>786</u>) <u>623 87</u> Area Code Daytime | 776 |
| Name of Po | erson | Area Code Daytime | Telephone Number |
| Enclosed is a check for the t | following amount: | | |
| X \$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 Address | | Street Address | |

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2) SCROED RECTORNERS

| (Name of the Limited Liabi | ility Company as it now appears on o da Limited Liability Company) | ur records.) |
|---|---|---|
| The Articles of Organization for this Limited Liability Florida document number \(\bigcup_{2200198410}\) | Company were filed on AP&し | 26,2027 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | mited Liability Company," the designa | tion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | ORESS) | 2023 AUG SEGNE I |
| Enter new mailing address, if applicable: | | JG 10 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | | s, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida str | vet address |
| | · · · · · · · · · · · · · · · · · · · | , Florida |
| | Cuy | Zip 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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------------|---------------------------------------|-----------------|
| AMBR | JAIME A STIETO | 2775 NE 18) # 417 | 🗆 Add |
| | | | 🔀 Remove |
| | | | Change |
| AHBL | DAVIDE DI CARLE | 2775 NE 17 4412 PULLICOUR TC 33180 | □Add |
| | | | ⊠ Remove |
| | | | □ Change |
| AMBR | AD CAPTIAL INVESTIGATION | 2775 NE 187 th # AIZ | ÆAdd |
| | | | □Remove |
| | | | Change |
| | | | 🗆 Add |
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Page 2 of 3

| Effective date, if other than the date of filing: (optional) | | | | | | | · · · · · · · · · · · · · · · · · · · | | _ |
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| ffective date, if other than the date of filing: | | | | | | •••• | | <u> </u> | - ~ |
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| | A | | 2 2022 | * | | | | | |
| Signature of a member or authorized representative of a member | ated August | | | · | | | | | |
| Signature of a member or authorized representative of a member | | | , | 1 | | | | | |
| | | 1. | . 1 - 0 | Sta. | | | | | |