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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: ALTIMA CAVIAR LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Maria Isabel Divarez Name of Person |
| Altima Chriar LLC Fini/Company |
| 410 Evernig Street #801 |
| West Reh Beach 33401. |
| maribel altima palmbeach - am E-mail addiess (10 be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Maria Alvarez at Sol 317 1101 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| Certificate of Status Solution Continue Certified Copy Certified |
| Please see mor check for \$35 (additional copy is enclosed) which was cashed. Please do not easy this check |
| Mailing Address:Street Address:9Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Florida | Zip Code |
|--|---|-----------------------------|
| | Enter Florida street address | , · |
| New Registered Office Address: | | |
| Name of New Registered Agent: | | |
| gent and/or the new registered office address b | | inite of the new registeree |
| R . If amending the registered agent and/or regi | istered office address on our records, enter the r | 19me of the new registered |
| STREET, BRAILSS PILL DE ALCON VILLE DO | | |
| Mailing address MAY BE A POST OFFICE BC | 28) | |
| Enter new mailing address, if applicable: | | |
| Principal office address MUST BE A STREET | ADDRESS) | |
| Enter new principal offices address, if applicab | ele: | |
| The new name must be distinguishable and contain the word | ds "Limited Liability Company," the designation "LLC" or the | he abbreviation "L. L.C." |
| A. If amending name, <u>enter the new name of th</u> | he limited liability company here: | |
| This amendment is submitted to amend the follow | ring: | |
| The Articles of Organization for this Limited Liab Florida document number <u>L 22 000 26</u> | • | and assigned |
| (Name of the Extince) | Liability Company as it now appears on our records.) Florida Limited Liability Company) | |
| H H WC | CAVIAR LLC | |

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 |
|--------------|-------------|--------------------------|----------------|
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| (If an effe Note: I | re date, if other than the date of filing: Feb 1 2023 (optional) entire date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (at the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the number of State's records. |
| he record ord is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d. |
| Dated_ | Sept. 19 2023. |
| Dated_ | |
| Dated | Signature of a member or authorized representative of a member |