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To:	Division of Corporations Fax Number : (850)617-6383			
From:	Account Name : COHEN, NORRIS, WOLMER, RA Account Number : I20020000140 Phone : (561)844-3600 Fax Number : (561)842-4104	7, TELEPMAN & C	OHEN	
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05-31-23 03:03pm	From-		T-647	P.02/05	F
uSign Envelope ID: 65362	258-CCEF-4211-8802-AF7EF89634C	over letter			
TO: Registration S Division of Co	ection rporations	¢t.			
👞 TIRINO E	INTERPRISES, LLC				
SUBJECT. <sup>2</sup>	Name of Limit	ed Liability Company	··· ·	ه	
The enclosed Articles o	f Amendment and fee(s) are subm	nitted for filing.			
	pondence concerning this matter t				
	KARIN DRAKAS, PARAI	EGAL			
		Name of Person			
	Cohen Norris Wolmer Ray	Telepman Berkowitz Cohen			
	<u></u>	Firm/Company			
	712 U.S. Highway One, Su	ite 400			
	<u> </u>	Address			
	North Palm Beach, FL 334	08			
	kd@cohennorris.com	City/State and Zip Code			
		to be used for future annual report notification	a)		
For further information	i concerning this matter, please of	all:			
Karin Drakas		561 <u>944-3600</u>			
Name	e of Person	Area Code Daytime Tele	phone Number		
Enclosed is a check for S25.00 Filing Fec	r the following amount:	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status	
<u>Mailing Add</u> Registratio Division of P.O. Box 6	n Section f Corporations	<u>Street Address:</u> Registration Section Division of Corpora The Centre of Tallal	tions		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 F-503

#### 05-31-23 03:03pm From-

T-647 P.03/05 F-503

## DocuSign Envelope ID: 65382258-CCEF-4211-8602-AF7EF89634C8 AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIRINO ENTERPRISES, LLC				
(Name of the Limited Liability Cou (A Florida Limit	npany as it now appears on our records.) ed Liability Company)			
The Articles of Organization for this Limited Liability Compa Florida document number <u>L22000345214</u>		ar	nd assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	jability company here:			
TIRINO STRATEGIES, LLC		<del>_</del> _		
TIRINO STRATEGIES, LLC The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	abbreviat	ion "L.L.	C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS	2			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		<u> </u>	200	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the n</u>	ame of t	<u>he new</u> 	registere
Distance Designment A contra				۲
Name of New Registered Agent:			5	
New Registered Office Address:	Enter Florida street address		<u> </u>	
	. Florida			_
	City		p 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

### 05-31-23 '03:03pm From-

T-647 P.04/05 F-503

DocuSign Envelope ID: 65382258-CCEF-4211-8602-AF7EF89634C6 11 amonung Autourized Person(s) autourized to manage, <u>enter the title, name, and address of each person, being added</u> or removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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