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From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051 Phone : (305)937-7773 Fax Number : (815)301-2897

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

Email Address: JODLON D BILLEY WEALTH

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALLEY OF SUCCESS LLC

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ARTICLES OF AMENDMENT TO 4 ARTICLES OF ORGANIZATION OF

| VALLEY OF SUCCESS LLC | | • |
|--|---|--|
| (Name of the Limit | ted Liability Company as it now appears on our records,) (A Florida Limited Liability Company) | |
| The Articles of Organization for this Limited L. Florida document number 1.22000350219 | iability Company were filed on AUGUST 9, 2022 | and assigned |
| This amendment is submitted to amend the foll | | |
| A. If amending name, enter the new name o | f the limited liability company here: | |
| The new name must be distinguishable and contain the v | vords "Limited Liability Company," the designation "U.C" or the | : abbreviation "L.L.C." |
| Enter new principal offices address, if applie | rable: | |
| (Principal office address MUST BE A STREE | T ADDRESS _I | |
| | | |
| | | |
| Enter new mailing address, if applicable: | THE REPORT OF THE PROPERTY OF | |
| (Mailing address MAY BE A POST OFFICE | <u>ΒΟλ)</u> | |
| B. If amending the registered agent and/or ragent and/or the new registered office addre | registered office address on our records, <u>enter the na</u> ss here: | ame of the new registered |
| | WAN DITTA BANG | <u> </u> |
| Name of New Registered Agent: | VALELIZAROV | <u> </u> |
| New Registered Office Address: | Enter Florida street address | PM 12: 4.1 |
| | , Florida | <u> </u> |
| | Cue | Ziji Code |
| New Registered Agent's Signature, if changing | | |
| provisions of all statutes relative to the prop accept the obligations of my position as regi | ed agent and agree to act in this capacity. I further soon and complete performance of my duties, and I an istered agent as provided for in Chapter 605. F.S. Cregistered office address, I hereby confirm that the change. | m familiar with and Or, if this document is |

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

| Title | Name | <u>Address</u> | Type of Action |
|-------|--|--|----------------|
| AMBR | GANON, MATAN | 136 GODFREY AVE NE | (I) Add |
| | | PORT CHARLOTTE, FL 33952 | ■Remove |
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| iote: | (optional) fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tent's effective date on the Department of State's records. |
| recoi Lis fi | rd 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 led. |
| | SEPTEMBER 30 2022 |
| ated | |
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| ated | Signature of a menaher or phthorized representative of a member |

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