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XX	РНОТОСОРУ					
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I	KI GROUP LLC					
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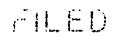
COVER LETTER

TO:

Registration Section
Division of Corporations

IKI GROU SUBJECT:	JP LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Amira Bennai		
	1	Name of Person	
	BR LAW GROUP LLC		
		Firm/Company	
	1395 Brickell avenue suite	e 800	
		Address	
	Miami, FL 33131		
		City/State and Zip Code	
	amira@brlawgrp.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Amira Bennai		786 899-7636 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cory The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 NOV 28 PM 12 37

IKI GROUP LLC

(Name of the Limited Liability Company as it now appears on our records:)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on 08/22	2/2022 and assigned
Florida document number 1.22000367293		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company hero	;
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our road	ands autor the name of the new resistance
agent and/or the new registered office address here:	address on our reco	irus, enter the name of the new registere
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida	street address
		. Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u> </u>	
I hereby accept the appointment as registered agent and agr		

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	Tobias Fradua	1116 Cedar Falls Dr. Weston, FL 33327	□Add
			■Remove
			□Change
MGR	Reinaldo Bacigalupo	1116 Cedar Falls Dr. Weston, FL 33327	□Add
			□Remove
			⊞ Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
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			□Remove
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	nding any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, If other than the date octive date is listed, the date must be spe If the date inserted in this block doent's effective date on the Department's	oes not meet the applicable statutory filing requirements, this date will not be listed as
record rd is fil		, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated .	November 1st	2023
		Till I
	Signat	ture of a member of authorized representative of a member
	Reinaldo Bacigalupo	/H