18886118813

Page: 1 of 4

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| | Phone : (845)425-0077 Fax Number : (845)818-3588 | | | 1 6: 00 STATE E. FL |
| | Account Number : 120080000067 | • | | PH 6 |
| From: | Account Name : VCORP SERVICES | S. LLC | | RY O |
| | Fax Number : (850)617-6383 | | | |
| | Division of Corporations | | | |
| To: | | | | 3×c> ~ |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Anina LLC (Name of the Limited Liability Company (A Florida Limited Lia | y as it now appears on our records, ability Company) |) |
|---|---|--|
| The Articles of Organization for this Limited Liability Company with Florida document number <u>L22000390977</u> . | /ere filed on <u>09/09/2022</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability Sheshbesh LLC | ity company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "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 adagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | idvess on our records, <u>enter t</u> l Enter Florida street address | SECULIATION OF THE PRINCIPLE OF THE PRIN |
| | , Flor | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change. | performance of my duties, and covided for in Chapter 605, F | I I am familiar with and .S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

18886118813 From: Vcorp Services, LLC

MGR = Manager

AMBR = Authorized Member

Page: 3 of 4

2022-09-14 16:33.07 GMT

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| | | Signatur | e of a member o | or authorized repr | esentative of a n | embe: | | |
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