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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
	S NTK LLC			
Division of Corporations DE SANTIS NTK LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for tilling. Please return all correspondence concerning this matter to the following: Pascal Gibert Name of Person Best Options LLC FirmoCompany 1145 Via Jardin Address West Palm Beach, FL 33418 City/State and Zip Code pgibert@bestoptionslle.com F-mail address: to be used for future annual report notification) For further information concerning this matter, please call: Pascal GibERT Name of Person Name of Person Area Code Daytime Telephone Number inclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Pascal Gibert			
	FIS NTK LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Pascal Gibert Name of Person Best Options LLC Firm/Company 1145 Via Jardin Address West Palm Beach, FL 33418 City/State and Zip Code pgibert@bestoptionsllc.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: of Person at (1) Area Code Daytime Telephone Number the following amount: ■ \$30.00 Filing Fee & Status Certified Copy raddinanal copy is enclosed) Sex: Section Registration Section Division of Corporations 15 Corporations The Centre of Tallahassee			
	Best Options LLC	submitted for filing. Inter to the following: Name of Person		
		Firm/Company		
	Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for tilling. correspondence concerning this matter to the following: Pascal Gibert Name of Person Best Options LLC Firm/Company 1145 Via Jardin Address West Palm Beach, FL 33418 City/State and Zip Code pgibert@bestoptionsItc.com E-mail address: to be used for future annual report notification) matton concerning this matter, please call: Area Code Name of Person at 561 Area Code Daytime Telephone Number Seek for the following amount: g Fee S \$30.00 Filing Fee & Certificate of Status Certificate Opy (raddinanal copy is enclosed) LAddress: Registration Section on of Corporations too 63227 The Centre of Tallahassee			
		Address		
	West Palm Beach, FL 334	18		
		City/State and Zip Code		
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For further information c			incanon)	
Name o	l'Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Mailing Addres		· · · · · · · · · · · · · · · · · · ·	ection	
Division of Corporations		_		
P.O. Box 632			•	
Tallahassee, 1	FL 32314	2415 N. Monro	be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L22000394349	vere 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 liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	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)		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, enter the na	me of the new regist
Name of New Registered Agent:		
New Registered Office Address:		- E
New Negistered Office Address.	Enter Florida street address) ()-
	Florida _	2/0 Calle 1 3
New Registered Agent's Signature, if changing Registered Agent:	X ig	20 05 20 05 20 05
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	e to act in this capacity. I further a	gree to comply with

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

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	DEBBIE AMARAL	3683 RUE JESSICA	🗀 Add
		LAVAL, QC, H7P 5V8	■Remove
		CANADA	□Change
AMBR	NICHOLAS DE SANTIS	3683 RUE JESSICA	≣ Add
		LAVAL, QC, H7P 5V8	□Remove
		CANADA	□Change
			□Remove
			□Change
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Effective date, if other than the date of filing: 99/09/2022 (optional) fan effective 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 605/9207 former: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The coord 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 distilled. Dated 99/16 2022 Segment of a member of suthorized representative of a member. DANIELE DE SANTIS						
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