Period Department of State 2 7

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

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PETER -8 AM 9: 10 DEPARTMENT OF STATE VISION OF CORPORATION TALL AND SSEE FLOATION

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTHPAW CAPITAL VENTURES, LLC

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

| Southpaw Capital Ventures, ELC | |
|---|---|
| (<u>Nume of the Limited Liability Co</u> (A Florida Lim | impany as it now appears on our records.) ited Liability Company) |
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L22000410271</u> . | pany were filed on December 7, 2023 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | liability company here: |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or the abbreviation "L.L.C. |
| Enter new principal offices address, if applicable: | 1001 U.S. Highway One North, Suite 601 |
| (Principal office address MUST BE A STREET ADDRES. | S) Jupiter, FL 33477 SS = 1 |
| | 2 |
| Enter new mailing address, if applicable: | 1001 U.S. Highway One North, Suite 604 |
| Mailing address MAY BE A POST OFFICE BOX) | Jupiter, FL 33477 |
| | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ice address on our records, <u>enter the name of the new register</u> |
| Name of New Registered Agent: Joseph Art | hur Demoulas Pasquale |
| New Registered Office Address: 1001 U.S. | Highway One North, Suite 604 |
| | Enter Florida street address |
| Jupiter | , Florida ³³⁴¹⁰ |
| | City Zip Code |

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.

> Joseph athur Domoulas Pasquale 987921F**69**5D5472

If Changing Registered Agent, Signature of New Registered Agent

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H 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 | <u>Name</u> | Address | Type of Action |
|-------|---------------------------------|--|-----------------|
| MGR | Joseph Arthur Demoulas Pasquale | 1001 U.S. Highway One North, Suite 604 | □Add |
| | | Jupiter, FL 33477 | □Remove |
| | | | ■ Change |
| | | | □ Add |
| | | | □ Remove |
| | | | □ Change |
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