Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FOX ROTHSCHILD LLP Account Number : I20130000024 Phone : (215)299-2162 Fax Number : (215)299-2150

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

Email Address: imiranda@foxrothschild.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PIAFF LOUNGE LLC

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OCT 26 2022 K. Brumbley Page: 3 of 5

DocuSign Envelope ID. CFDDBD02-59E4-4211-99OA-34FB6456096B ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF

* • • • • • • • • • • • • • • • • • • •	•	
Piaff Lounge LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	ignipany as it now appears on our records, inted Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on October 3, 2022	and assigned
Florida document number 1.22000426755		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The Piaff Lounge LLC		
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:	<u></u>	1022
(Principal office address MUST BE A STREET ADDRES	<u></u>	2 DO 2
		- 第一
		≥ 0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	ffice address on our records, <u>enter th</u>	ne name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florala street address	
	. Flor	ida
	Cip	Zip Cocle

New Registered Agent's Signature, if changing Registered Agent:

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.

DocuSign Envelope ID. CFDDB002-59E4-4211-99DA-34FB6456096B 11 amenuing Authorized rerson(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

To:

Title	Name	Address	Type of Action
AP	Gardo Vincken	13501 South Shore Boulevard, Suite 109	□Add
		Wellington, FL 33414	
			[] [] Change
AP	Michael Stone	13501 South Shore Boulevard, Suite 109	≅ Add
		Wellington, Fl. 33414	DRemove
			Change
AP	Etienne Rossler	13501 South Shore Boulevard, Suite 109	∐Add
		Wellington, FL 33414	
			□Change
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in effective date is listed, the date	must be specific and ca is block does not mee	nnot be pnor to date I the applicable s	e of filing or more that tatutory filing requi	i 90 days after filing.) I rements, this date w	ursuant to 608.0207 ill not be listed as
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cument's effective date on the	ective date, but not an	effective time, a	. 12:01 a.m. on the	earlier of: (b) The	90th day after the
ecord specifies a delayed effe	ective date, but not an	effective time, a	. 12:01 a.m. on the	earlier of: (b) The	90th day after the
econd specifies a delayed effe is filed.		effective time, at 2022	. 12:01 a.m. on the	earlier of: (b) The	9fith day after the
record specifies a delayed efforts filed.			. 12:01 a.m. on the	earlier of: (b) The	90th day after the
record specifies a delayed efforts filed.		2022			9fith day after the
record specifies a delayed effective date on the		2022	. 12:01 a.m. on the		9fith day after the