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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011

Phone : (844)386-0178
Fax Number : (214)317-4754

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

| Email | Address: | _ |
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.To: 18505176383 From: 12147128131 Date: 08/16/24 Time: 9:16 PM Page: 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| | opears on our records.) |
|---|---|
| (A Fierda Lindeo Laordy Comp. | uiy.! |
| The Articles of Organization for this Limited Liability Company were filed o | 1 11/04/2022 and assigned |
| Florida document number 1.22000473850 | |
| | |
| This amendment is submitted to amend the following: | |
| V. If amending name, <u>enter the new name of the limited liability compar</u> | <u>y here</u> : |
| | |
| The new name must be distinguishable and contain the words "Limited Liability Company," | the designation "LLC" or the abbreviation "L L C " $^{\circ}$ |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| Inter new mailing address, if applicable: | |
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| • | 7074 AL |
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| Muiling address MAY BE A POST OFFICE BON 3. If amending the registered agent and/or registered office address on orgent and/or the new registered office address here: Name of New Registered Agent. New Registered Office Address: | ur records, enter the name of the new regin |

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. Thereby confirm that the limited itability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

- · · To: 18506176383 From: 12147128131 Date: 08/16/24 Time: 9:16 PM Page: 03/04

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

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| Title | <u>Name</u> | Address | Type of Action |
|-------|-------------------------|---------------------------|----------------|
| MGR | Narmandakh Tsolmon | 13318 Longacie Drive | UAdd |
| | | Windermere, FL 34786 | |
| | | | Dulhange |
| AMBR | Batchuluun Bayanmunkh | 6918 Piazza Grande Avenue | |
| | | Otlando, FL 32835 | TRemove |
| | | | DChange |
| AMBR | Otgonbayar Tserennadmid | 13339 Zori Lane | DAdd |
| | | Windermere, FL 34786 | DRemove |
| | | | = Change |
| | | | |
| | | | TRemove |
| | | | DChange |
| | | | JAdd |
| | | | = Remove |
| | | | D'Change |
| | | | LJAdd |
| | | | TRemove |
| | | | Change |

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| . If amending any other information, enter change(s) here: (Attack | th additional sheets, if necessary,) |
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| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inscrited in this block does not meet the applicable state document's effective date on the Department of State's records | filing or more than 90 days after filing 4 Pursuant to 605 0207 (3) |
| / se record specifies a delayed effective date, but not an effective time, at 12 ord is filed. | 01 a.m. on the earlier of (b). The 90th day after the |
| Data 08/16/2024 | 02- |
| Dated | (1997 |
| 4 | LHY |
| Signature of a member or authorized rep | efoliation of a member |
| Batchuluun Bayanmunkh | |
| Lyped or printed name o | Crupus |

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