

Electronic Filing Menu Corporate Filing Menu

Help 2Eb 5 6 2033

| 2023 11 03:51 PDT | | Tc. 1850 | 06176383 | Page: 2/4 | From | Registered Agents Inc | Fax: 81343652 |
|---------------------------|--|---|---------------------------|---|---------------------------------------|---------------------------|-----------------|
| | | | ARTIC | LES OF AMEN | DMENT | | |
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| | | | ARTICI | JES OF ORGAN | NZATION | | |
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| ± | ç | ¹ 1 | •. | | | | |
| D | eliverSmar | LLC | | | | | |
| _ | | (Nume | of the Limited 1. (A F | ability Company as it no forida Limited Liability Co | w appears on our mpany) | records,) | _ |
| The Articles of (| Organizati | on for this | Limited Liabil | ity Company were file | d on _12/21/22 | and | assigned |
| Florida documer | | | | | | | - |
| | | | | | | | |
| This amendment | t is submit | ted to ame | end the followin | 8: | | | |
| A. If amending | z name, er | ter the ne | ew name of the | limited liability com | nany here: | | |
| | | | | | and nere. | | |
| The new name mus | t be distingu | ishable and o | contain the words | "Limited Liabitity Compa | iy." the designation | "LLC" or the abbreviation | n"L.L.C." |
| Enter new prin | cinal offic | es addres | s, if applicable | | | | |
| (Principal office | | | | | | | |
| <u>(17incipal office</u> | <u>uuur 035 1</u> | <u>1051 DL</u> | <u>. // 5//(L/ / </u> | <u> </u> | · · · · · · · · · · · · · · · · · · · | | |
| | | | | <u> </u> | <u> </u> | <u> </u> | |
| | | | | | | | |
| Enter new mail | ing addre | ss, if appli | licable: | <u> </u> | | | |
| (Mailing addres | <u>s MAY BI</u> | <u>E A POST</u> | OFFICE BON | <u> </u> | ······ | | ····· |
| | | | | | | | |
| | | | | | | | |
| D If an and have | .1 | ered agen | | tered office address o | n our records. | enter the name of the | new registered |
| | | | | | | | |
| agent and/or th | | | <u>Tice address he</u> | <u>re</u> : | | | |
| | | | <u>fice address he</u> | <u>re</u> : | | | |
| <u>agent and/or th</u> | <u>e new reg</u> | | _ | <u>re</u> : | | | |
| agent and/or th Name o | <u>e new reg</u> of New Re | istered off | \gent: | <u>re</u> : | | | |
| agent and/or th Name o | <u>e new reg</u> of New Re | istered off | \gent: | | iner Florida street | address | |
| agent and/or th Name o | <u>e new reg</u> of New Re | istered off | \gent: | | iner Florida street | | |
| agent and/or th Name o | <u>e new reg</u> of New Re | istered off | \gent: | 1 | imer Flarida street | , Florida * 🛼 👡 | |
| agent and/or th Name o | <u>e new reg</u> of New Re egistered (| <u>istered off</u> gistered A Diffice Add | <u>Agent:</u> | | inter Florida street | | 2 Klir 23 |

Thereby 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 liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

9/28/2023 11:03:51 PD,T , To. 18506176383 Page: 3/4 From. Registered Agents Inc Fax: 8134365206 If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|----------------|--|----------------|
| AMBR | Kran, Joshua G | 151 John Street | ZiAdd |
| | | Staten Island, New York, 10302 | 🖸 Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

| Dated September 28th | | 2023 | |
|----------------------|-------|---|--|
| | Rober | 1 V-2NAV | |
| | | we of a member or anthorized representative of a member | |

Robin Jones

Typed or printed name of signee

Filing Fee: \$25.00