

Note: Please print this page and use it as a cover sheet. Type the fagaudithumber (shown below) on the top and bottom of all pages of the document.

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| Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 Inter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEH GROUP LLC Certificate of Status O Certificate Opy O | | |
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Estimated Charge

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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|---|--|
| PEH Group LLC | P. |
| (<u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Coi | • appears on our records.) upany) |
| The Articles of Organization for this Limited Liability Company were filed Florida document number L2300001996 | 1 on 12/27/22 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability comp | pany here: |
| SUNEA HOLDING LLC | |
| The new name must be distinguishable and contain the words "Limited Liability Compan | y," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | |
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| | |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | ₩ |
| | 922 |
| | · 77 |
| If amending the registered agent and/or registered office address or igent and/or the new registered office address here: | n our records, <u>enter the name of the new regis</u> |
| gent and/or the new registered office address nere. | r, |
| Name of New Registered Agent: | PH 12: |
| New Pagistered Office Address: | . 6 |
| New Registered Office Address: | nter Florida street address |
| | , Florida |
| City | Zip Code |

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.

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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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| Note: If the date | if other than the date of filing: |
| the record specifies cord is filed. | a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated Februa | ery 15 |
| 1 | rat gwith |
| | Signature of a member or authorized representative of a member |
| Nat | t Smith |
| | Typed or printed name of signee |

Filing Fee: \$25.00