

K2 OPERATIONS MANAGEMENT LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K2 Operations Management LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company were filed or | 1 01/19/2023 | and assigned |
|---|--------------|--------------|
| Florida document number L23000022353 | | |

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

541 South Orlando Avenue, Suite 100

Maitland, FL 32751

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

| Name of New Registered Agent: | Corporate Creations Network In | 10. | | 28 | |
|---|--------------------------------|-----------------------|----------|-----|---------------------|
| New Registered Office Address: | 801 US Highway 1 | | | L h | > |
| <u></u> | Enter F | lorida street address | | 1 | ् इन्ह् <u>य</u> |
| | North Palm Beach | , Florida | | و | LEINO |
| | City | | Zip Code | k d | |
| New Registered Agent's Signature, if changing | Registered Agent: | | | Ť | с. |

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.

Am Finh-

By: Ariana Turoski, Special Secretary

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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| <u>Title</u> | Name | <u>Address</u> | Type of Action |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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 _ | | July 10 , | 2024 |
|---------|----------------|------------------|---|
| | /s/ Lesia Hise | Signature of a r | nember or authorized representative of a member |
| | Lesia Hise | | |
| | <u> </u> | | Typed or printed name of signee |