Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FOC HUB EVENTS QOZB, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOC HUB Events OOZB, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/06/2023}{}$ and assigned Florida document number 1.23000056202 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 "L.L.C." or the abbreviation "L.L.C." 228 NE 59 ST Enter new principal offices address, if applicable: MIAMI, FL 33137 (Principal office address MUST BE A STREET ADDRESS) 228 NE 59 ST Enter new mailing address, if applicable: MIAMI, FL 33137 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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

A

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	st be specific and cannot be prior to lock does not meet the applica	to date of fiting or more than 90 able statutory filing requiren	(optional) -days after filing.) Pursuant to 605.0207 (ments, this date will not be listed as t
e record specifies a delayed effectived is filed.	re date, but not an effective tir	ne, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
Dated February 7 Zam Ulin-l	, 2023		
<u>.</u>			
Lam Ulen			
Jan Ulin-l	Signature of a member or author	rized representative of a memb	er

Filing Fee: \$25.00