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To:			
	Division of Co.	rporations	
		: (850)617-6383	
	rax Mamber	. (830)017-0363	
From:			, •
	Account Name	: REGISTERED AGENTS INC.	_
	Account Number	: 120090000081	•
	Phone	: (307)200-2803	- .
	Fax Number	: (855)330-1010	
			•
		r this business entity to be used Enter only one email address plea	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Cardoso de Mattos LLC	·
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number L23000057835	ompany were filed on 02/07/23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	sted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Mailing address MAY BE A POST OFFICE BOX)	2 623
mutaing unaress MAT DE ATOST OFFICE DOA	ריד -
	office address on our records, enter the name of the new registere
agent and/or the new registered office address here:	
	Ş., ∑. 7. 3
Name of New Registered Agent:	<u>∵ ≃</u>
New Registered Office Address:	
	Enter 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

Title	Name	Address	Type of Action
AMBR	Bruno Bernardes Cardoso de Mattos	7901 4TH STREET NORTH SUITE 300	ØAdd
		SAINT PETERSBURG, FL 33702	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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				<u></u>

			-	
ffective date, if other than the dat an effective date is listed, the date must be lote: If the date inserted in this block occument's effective date on the Depar	specific and cannot be prior t does not meet the applica	o date of filing or more tha	(optional) n 90 days after filing.) Pursuar irements, this date will not	nt to 605.0207 (t be listed as t
record specifies a delayed effective dat t is filed.	te, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th d	lay after the
ated February 15		<u> </u>		
February 15 Politive from Sign	1/ lature of a member or autho	rized representative of a tr	ember	
Robin Jones		,		