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| PICK-UP WAIT MAIL |
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SECRETARY OF STATE ALLAHASSEE. FLORIDA



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ALLION ASSETS LLC | | |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | ny as it now appears on our records.) lability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number 1.23000080700 | were filed on <u>02/14/23</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company." the designation "L1.C" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 2023 |
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| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 5€ |
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| | | \$ 7 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter the na</u> | me of the new registere |
| Name of New Registered Agent: | | |
| 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 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--------------------------|----------------|
| S/T | Shawn Khan | 1610 NW 3rd Street | ■Add |
| | | Deerfield Beach FL 33442 | □Remove |
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| E. Effective date, if other than | the date of filir | ng: | | (| optional) | | |
| (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the | must be specific ar s block does not | nd cannot be prior meet the applic | to date of filing cable statutory f | or more than 90 days | after filing.) P | ursuant to 605. ill not be liste | .0207 (3)(bed as the |
| If the record specifies a delayed efferecord is filed. | ctive date, but no | ot an effective t | ime, at 12:01 a. | m. on the earlier o | of: (b) The S | 90th day after | the |
| Dated | | 2023 | | | | | |
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| | _ | a member or auth | | tive of a member | **** | | |

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Typed or printed name of signee