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To:

Division of Corporations

Fax Number : (859)617-6383

From:

Account Name : IDEAS CARVAJAL LLC

Account Number : 12022000006 Phone : (321)333-5565

Fax Number : (407)565-5537

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

| mail | Address: | • | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DEIKOS INTERNATIONAL LLC**

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| SUBJECT | DEIKOS I | NTERNATIONAL LLC | | |
| 30002011 | | Name of Lin | nited Liability Company | |
| The enciose | d Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please retur | n all correspo | ondence concerning this matter | to the following: | |
| | | JHOANN M OSORIO PI | EREZ | |
| | | | Name of Person | |
| | | DEIKOS INTERNATION | AL LLC | |
| | | | Firm/Company | - |
| | | 204 EAST COLLEGE ST | REET | |
| | | | Address | |
| | | ATHENS, TN 37303 | | |
| | | | City/State and Zlp Code | |
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| For further i | nformation c | oncerning this matter, picase c | to be used for future annual report not! | lication) |
| | osorio i | • | +57 3168751457 | |
| | Name o | f Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is | a check for ti | ne following amount: | | |
| \$25,00 | Filing Fee | S30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
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| Di | vision of C | orporations | Division of Cor | porations |
| | D. Box 632 Hahassee, i | | The Centre of T | 'allahassee e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DEIKOS INTERNATIONAL LLC | |
|--|--|
| (Name of the Limited Lie (A Fig. | bility Company as it now annears on our records.) order Limited Liability Company) |
| The Articles of Organization for this Limited Liabilit Florida document number L23000085006 | cy Company were filed on 02/16/2023 and assigned |
| This amendment is submitted to amend the following | 3 ; |
| A. If amending name, enter the new name of the | limited liability company here: |
| The new name must be distinguishable and contain the words " | Elmited 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 AD | DDRESS) |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX | |
| | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address her | ered office address on our records, enter the name of the new registered |
| Name of Star Booking of A | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address - 9 |
| _ | Florida Para City Plorida Para |
| New Registered Agent's Signature, if changing Regist | |
| provisions of all statutes relative to the proper an accept the obligations of my position as registere. | ent and agree to act in this capacity. I further agree to comply with the ad complete performance of my duties, and I am familiar with and a diagent as provided for in Chapter 605, F.S. Or, if this document is tered office address, I hereby confirm that the limited liability ge. |

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 |
|-------------|-----------------------------|-------------------------------------|----------------|
| AMBR | ALBIANDRO R HERNANDEZ VIDAL | 204 EAST COLLEGE STREET, ATHENS, TN | 37303 |
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| cord spi s filed. | ecifies a delayed effective de | te, but not a | in effective ti | me, at 12:01 a. | m. on the carlie | arofi(b) Th | : 90th day after the |
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