

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (844)449-3624

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

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| Email | Address: | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FUTURE INVESTMENTS INTERNATIONAL LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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JAN 22 2024 Help

Electronic Filing Menu Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Future Investments International LLC | | | |
|--|---|--|--|
| (Name of the Limited Liability Compa (A Florida Limited | iny as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23000098112</u> . | were filed on 02/23/2023 and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| ERLAN INDUSTRIES LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 425 VERO AVE | | |
| (Principal office address MUST BE A STREET ADDRESS) | CLEMMETON: FL 12440 | | |
| | | | |
| Enter new mailing address, if applicable: | 425 VERO AVE | | |
| (Mailing address MAY BE A POST OFFICE BOX) | CLEWISTON, FL 33440 | | |
| | US | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | Enter Florida street address | | |
| | | | |
| | 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

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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 |
|--------------|--------------|--|-----------------|
| MGR | Erlan A Rios | 425 VERO AVE | |
| | | CLEWISTON, FL 33440 | □Remove |
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| Tective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this block occument's effective date on the Department. | k does not meet the ap | plicable statutory | or more than 90 days a filing requirements, | otional) fler filing.) Pursuant to 605.02 this date will not be listed |
| e record specifies a delayed of The 90th day after the recor | effective date, but d is filed. | not an effecti | ve tlme, at 12:0 | 1 a.m. on the earller |
| January 12th | 2024 | · | | |
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