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| Special Instructions to Filing Officer: |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Gredots L.L.C. | | |
|---|---|------------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our records.) iited Liability Company) | 1 |
| The Articles of Organization for this Limited Liability Comp. Florida document number L23000126958 | pany were filed on $03-13-2023$ | and assigned |
| 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 l | Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS | <u>S)</u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
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| B. If amending the registered agent and/or registered of | fice address on our records, <u>enter th</u> | ie name of the new registere |
| agent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | <u>်င်</u> လ ် <u></u> |
| New Registered Office Address: | | rn 9 |
| | Enter Florida street address | |
| | , Flor | ida |
| | 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 | <u>Name</u> | Address | Type of Action |
|-------|------------------|---------------------------------------|----------------|
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| ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the ap tument's effective date on the Department of State's reco | oplicable stati | filing or more utory filing r | than 90 days affequirements, t | tional) ter tiling.) P his date w | ursuant t | o 605.03 e listed |
| cord specifies a delayed effective date, but not an effecti s filed. | ve time, at 12 | 2:01 a.m. on | the earlier of: | (b) The 9 | 00th day | after tl |
| ed October 3 2023 | | | | | | |
| | | | | | | |
| /s/ Tatiana Clarke Signature of a member or a | | | | | | |