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(((H23000135755 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130

Phone : (954)345-7888 Fax Number : (786)713-1940

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOFT WHALE LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

| SOFT WHALE LLC | | |
|--|--|---|
| (Name of the Lim | ited Linbility Company as it now appears on (A Florida Limited Liability Company) | our records.) |
| The Articles of Organization for this Limited I | Liability Company were filed on 04/06/ | 2023 and assigned |
| Florida document number 1 23000170979 | | |
| This amendment is submitted to amend the fol | lowing | |
| A. If amending name, enter the new name of | of the limited liability company here: | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the design | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli- | cable: | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | |
| | | |
| Farmanian (B) | | |
| Enter new mailing address, if applicable: | . 0000 | |
| (Mailing address MAY BE A POST OFFICE | <u> </u> | 20 |
| | | |
| B. If amending the registered agent and/or | registered office address on our recor | ds. enter the name of the new registered |
| agent and/or the new registered office addre | ess here: | 4 7 |
| | | P A CC |
| Name of New Registered Agent: | | |
| New Registered Office Address. | 5537 SHELDON RD SUITE E | 5/ W |
| | Exter Fronta si | treet address |
| | ТАМРА | , Florida 33615 |
| | 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.

Maria Valeria Vallina
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

__ UChange

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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:

| AMBR = . | = Authorized Member | | |
|---|---------------------|-------------|------------------|
| Title | Name | Address | Type of Action |
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| effe er | ve date, if other than the date of filing: |
| orc Dh | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h). The 90th day after ed. |
| rd _ | APRIL HTH |
| | Signature of a member or authorized representative of a member |
| | |