## L23000172736

| (Re                     | equestor's Name)       |        |  |
|-------------------------|------------------------|--------|--|
| (Ad                     | ddress)                |        |  |
| (Ad                     | ddress)                |        |  |
| (Ci                     | ity/State/Zip/Phone #) |        |  |
| PICK-UP                 | WAIT                   | MAIL   |  |
| (B                      | usiness Entity Name)   |        |  |
| (Document Number)       |                        |        |  |
| Certified Copies        | Certificates of        | Status |  |
| Special Instructions to | Filing Officer:        |        |  |
|                         |                        |        |  |
|                         |                        |        |  |
|                         |                        |        |  |
|                         |                        |        |  |

Office Use Only



000408683820

05/16/23--01031--007 \*\*30.00

11:11:13 | 31:11:11

## **COVER LETTER**

TO:

Registration Section Division of Corporations

| Desert To  | echnologies, LLC                           |   |  |  |  |
|--|--|---|--|--|--|
| SUBJECT:   | Name of Li                                 | mited Liability Company   |  |  |  |
|  | of Amendment and fee(s) are su             | _   |  |  |  |
| Please return all corres   | pondence concerning this matte             | r to the following:   |  |  |  |
|  | Stuart B. Klein                            |   |  |  |  |
|  | Name of Person                             |   |  |  |  |
|  | Smart B. Klein, PA                         |   |  |  |  |
| Firm/Company   |  |   |  |  |  |
|  | 4400 PGA Bouleavard, S                     | uite 603  |  |  |  |
|  |  | Address   | - 1  |  |  |
|  | Palm Beach Gardens, Flo                    | rida 33410  |  |  |  |
|  |  | City/State and Zip Code   |  |  |  |
|  | sklein@kleinslaw.com                       |   |  |  |  |
|  |  | (to be used for future annual report not  | ification)   |  |  |
|  | concerning this matter, please of          | cali:   | - <del>-</del> -   |  |  |
| Stuart B. Klein  |  | 561 478-1588<br>at ( )  | r , —  |  |  |
| Name   | of Person                                  |   | ne Telephone Number  |  |  |
| Enclosed is a check for  | the following amount:                      |   |  |  |  |
| □ \$25.00 Filing Fee   | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed)                 | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
| Mailing Addre<br>Registration<br>Division of O<br>P.O. Box 63:<br>Tallahassee, | Section<br>Corporations<br>27              | Street Address:<br>Registration Se<br>Division of Cor<br>The Centre of T<br>2415 N. Monro | porations  |  |  |

Tallahassee, FL 32303

. - . .

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 6, 2023 \_\_\_\_ and assigned Florida document number L23000172736 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 Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

Desert Technologies, LLC

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

| Title       | <u>Name</u>  | Address   | Type of Action |
|-------------|--------------|---|----------------|
| AMBR        | Alan C. Espy | 3300 PGA Boulevard, Suite 630 Palm Beach Garden | s,<br>≣Add     |
|             |              |   | □Remove        |
|             |              | <del></del>                                     | ElChange       |
| <del></del> |              |   | _ □Add         |
|             |              |   | _ □Remove      |
|             |              |   | _ □Change      |
|             |              |   | _ ŪĄdd         |
|             | :            | ☐Remove ,                                       |                |
|             |              |   | _ DAdd         |
|             |              |   | _ □Remove      |
|             |              |   | _ DChange      |
| ·           |              |   | _ 🗆 Add        |
|             |              |   | _ □Remove      |
|             |              |   | _ Change       |
|             |              |   | □Add           |
|             |              |   | □Remove        |
|             |              |   | □Change        |

| . a amending                      | any other informa   | uon, enter (                     | снапде(s) her                             | e: (Attach ada      | utional sheets,                       | if necessary.)  |   |
|-----------------------------------|---|----------------------------------|---|---------------------|---------------------------------------|---|---|
| <del></del>                       |   |                                  | ····                                      |                     |                                       |   |   |
|                                   |   |                                  |   |                     |                                       |   |   |
|                                   |   |                                  |   | <del></del> .       | <u> </u>                              |   |   |
|                                   |   |                                  |   |                     |                                       |   |   |
|                                   |   |                                  |   |                     | <u> </u>                              |   |   |
| <del></del>                       |   |                                  |   |                     | <del></del>                           |   | <del></del>                             |
|                                   |   |                                  |   |                     |                                       | <del></del>   |   |
|                                   |   |                                  |   |                     |                                       |   |   |
|                                   |   |                                  |   |                     |                                       |   |   |
|                                   |   |                                  |   |                     |                                       |   |   |
|                                   |   |                                  |   | ****                |                                       | <del> </del>  | <del></del>                             |
|                                   |   | <del></del>                      |   |                     | <del></del>                           | <del></del>   | <del></del>                             |
|                                   |   | <del></del>                      |   | <del></del>         |                                       | <del>_</del>  | <del></del> -                           |
|                                   |   |                                  | -   | <del></del>         | ·                                     |   | <del></del>                             |
|                                   |   |                                  |   |                     |                                       |   |   |
|                                   |   |                                  |   |                     |                                       |   |   |
|                                   |   |                                  |   |                     | · · · · · · · · · · · · · · · · · · · | ·,  |   |
| <del></del>                       |   |                                  | <del></del>                               |                     |                                       |   | <del></del>                             |
|                                   |   |                                  |   |                     |                                       |   |   |
| Note: If the da                   | , if other than the of a listed, the date must te inserted in this blocective date on the Dep | be specific and<br>ok does not m | l cannot be prior to<br>neet the applical | o date of filing or | more than 90 days                     | optional)<br>after filing.) Pursu<br>s, this date will no | ant to 605,0207 (<br>ot be listed as tl |
| e record specific<br>rd is filed. | es a delayed effective  | date, but not                    | an effective tin                          | ne, at 12:01 a.m.   | on the earlier of                     | of: (b) The 90th  | day after the                           |
| <b>V.1</b>                        | $\wedge$ /  | $\mathcal{L}$                    | 2002                                      |                     |                                       |   | ;<br><u>:</u>                           |
| Dated May                         | <del>-/ //</del>  | 4                                | 2023                                      | _ ·                 |                                       |   | :                                       |
|                                   |   | /<br>2 i                         |   |                     |                                       |   |   |
|                                   | 1 28  | gnatific of a n                  | nember or authori                         | zed representativ   | e of a member                         |   |   |
| Alan                              | C. Espy   | /\                               |   |                     |                                       |   |   |
|                                   |   | $- \cup$                         | Typed or printed                          |                     |                                       | <u> </u>  | . —                                     |