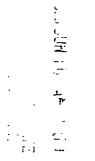
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| (Re                     | equestor's Name)   |                 |
|-------------------------|--------------------|-----------------|
| (Ad                     | idress)            |                 |
| (Ad                     | idress)            |                 |
| (Cit                    | ty/State/Zip/Phone | <del>=</del> #) |
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| (Do                     | ocument Number)    |                 |
| Certified Copies        | _ Certificates     | of Status       |
| Special Instructions to | Filing Officer;    |                 |
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Shenwu (   | empany LLC  |
|--|---|
| (Name of the Limited Liability Compa<br>(A Florida Limited   |   |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L230001923/1</u>  | were filed on $\frac{29/18/2023}{}$ 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:   |
| 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:  | 21472 Soffwest Zintre Street                                      |
| (Principal office address MUST BE A STREET ADDRESS)  | Dunnellon FL, 34431   |
| Enter new mailing address, if applicable:  | 21472 Southwest Zistrice Street                                   |
| (Mailing address MAY BE A POST OFFICE BOX)   | Duneller FL 34431   |
| 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  Florida                             |
|  | 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

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 |
|--------------|-------------|---------|----------------|
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| if an ef<br>Note: | fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
| e reco            | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.   |
| Dated             | 06/12/2023<br>Antrotto   |
|                   | Signature of a member or authorized representative of a member   |
|                   |  |