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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 = EQUIWORKS LLC

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Equiworks LLC (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 $\frac{04/24/23}{2}$ 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 Liability Company," the designation "L1.C" or the abbreviation "L1.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 25 SE 2ND AVE STE 550 PMB1139 Enter new mailing address, if applicable: MIAMI, FL 33131 (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 Cuv

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Tatjana Almeida	7901 4th St N STE 300	€ Add
		St. Petersburg, FL 33702	Remove
			Change
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Effective date, if other than the fan effective date is listed, the date many the late in this because it is the date on the late of the l	ust be specific and cannot be polock does not meet the ap	plicable statutory fil	(optio more than 90 days after f ling requirements, this	filing.) Pursuant to 605.0207
record specifies a delayed effecti d is filed.	ve date, but not an effectiv	ve time, at 12:01 a.n	i, on the earlier of: (b)	The 90th day after the
Dated June 23				
	Signature of a member or a	nuthorized representati	ve of a member	

Filing Fee: \$25.00