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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

| imail. | Address: | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAPPERTREE GP LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

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18886118813

From: Vcorp Services, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Pappertree GP LLC | | | | | |
|---|--|---|------------------------|---------------------|-----------------|
| (<u>Name of the Limited Liability</u> (A Florida | Company as it now appe Limited Liability Company) | ars on our records.) | | | |
| The Articles of Organization for this Limited Liability Co | mpany were filed on _ | May 2, 2023 | i | ınd assi | gned |
| Florida document number 1.23000217455 | _• | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limit | ed liability company l | <u>iere</u> : | | | |
| Peppertree GP LLC | | | | | |
| The new name must be distinguishable and contain the words "Limit | ed Liability Company," the | designation "LLC" or the | e abbrevia | tion "L.L | C.'' |
| Enter new principal offices address, if applicable: | | | | | |
| (Principal office address MUST BE A STREET ADDRI | <u></u> | | | | |
| | | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | |
| | | | | | |
| | | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our | records, <u>enter the n</u> | ante of t | he new | registered |
| agent and/or the new registered office address here. | | | | | |
| Name of N. on Designand Assess | | | | ~ | |
| Name of New Registered Agent: | | | | <u>@</u> | |
| New Registered Office Address: | | | | F-6 | |
| | Enter Flo | orida street address | | رء | |
| | | , Florida | | | <u>:</u> |
| | City | | 201 | Corle | C |
| New Registered Agent's Signature, if changing Registered | | | <u></u> | ử | |
| I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agencing filed to merely reflect a change in the registered company has been notified in writing of this change. | mplete performance o ent as provided for in | of my duties, and La Chapter 605, F.S. (| m famili Ər, if thi | iar with s docui | vand nent is |
| | | | | | |

If Changing Registered Agent, Signature of New Registered Agent

To: Florida Department of State

Page: 4 of 5 2023-05-08 15:17:55 GMT (((H23000170927 3)))

18886118813

From Vcorp Services, LLC

_ 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 = M $AMBR = A$ | lanager uthorized Member | | |
|--------------------|-----------------------------|--------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | M.E.F | | □Add |
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To: Florida Department of State

Page: 5 of 5

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From: Vcorp Services, LLC

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| ective | date, if other | than the date | of filing: | | 211 | (optional) | |
| tereca <u>te:</u> | the date inserte | d in this block do | es not meet the | e prior to date of t applicable statu | iling or more than 9 tory filing require | 0 days after tiling.) i ments, this date w | fursuant to 605.020 fill not be listed a |
| umen | t's effective dat | e on the Departm | ent of State's r | ecords. | | | |
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| cord s s filed | | ed effective date. | but not an effe | ctive time, at 12: | :01 a.m. on the ea | rlier of: (b) The | 90th day after th |
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| | | Signan | ire of a monteer | or authorized repri | esentative of a mem | ber | |

Typed or printed name of signee