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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only

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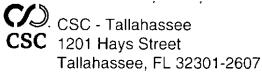
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SLOW LAWS STANDARD

C1/C3/21



850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 01/03/24 Order #: 1382760-1

Re: HEDGEBASE.AI QUITMAN GA LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed-please-find:--

Amount to be deducted from our State Account: \$25.00 - FL State Account. Number:

I2000000195 Authorization:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

| | on Section f Corporations | | |
|--|----------------------------------|--|--|
| | ebase.ai Quitman GA LLC | | |
| SUBJECT: | Name o | f Limited Liability Company | |
| The anglosed Artic | les of Amendment and fec(s) ar | e submitted for filing. | |
| | | | |
| Ticase return an eo | ttespondenes contenting | • | |
| | Brian A. Flank | | |
| | - | Name of Person | |
| | Neuberger, Quinn, G | Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Brian A. Flank Name of Person Neuberger, Quinn, Gielen, Rubin & Gibber, PA. Firm/Company One South Street, 27th Floor Address Baltimore, Maryland 21202 City/State and Zip Code BAF@NQGRG.com E-mail address: (to be used for future annual report notification) For concerning this matter, please call: at (| |
| | | Firm/Company | |
| | One South Street, 27 | th Floor | _ & |
| | | Address | <u> </u> |
| | Baltimore, Maryland | 21202 | |
| | | City/State and Zip Code | ن ا |
| | | | |
| | | | FAI 2: |
| For further inform | ation concerning this matter, pi | | m u |
| Valerie Reiter | | , | |
| | Name of Person | Area Code Daytim | ne Telephone Number |
| Enclosed is a chec | ck for the following amount: | | |
| ■ \$25.00 Filing | Fee S30.00 Filing Fee | tus Certified Copy | Certificate of Status & Certified Copy |
| Registr | Address: ation Section | Registration So | |
| Division of Corporations P.O. Box 6327 | | The Centre of | Tallahassee |
| Tallahassee, FL 32314 | | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Hedgebase.ai Quitman GA LLC | | | | |
|--|--|---|--------------------|----------------------|
| (Name of the Limite | d Liability Compan A Florida Limited Li | y as it now appears on our reability Company) | cords.) | |
| The Articles of Organization for this Limited Lie Florida document number 1.23000220456 | ability Company v | were filed on May 3, 2023 | | _ and assigned |
| This amendment is submitted to amend the follo | owing: | | | |
| A. If amending name, enter the new name of | the limited liabil | ity company here: | | |
| Valiant Events, LLC | | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabilit | ty Company," the designation " | LLC" or the abbrev | viation "L.L.C." |
| Enter new principal offices address, if applica | able: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | 202 |
| Principal office address most be A STREE | I ADDRESS; | | | - |
| Enter new mailing address, if applicable: | | | | L Case |
| • | 0.010 | | m s m s | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | | |
| • | | | | |
| B. If amending the registered agent and/or ragent and/or the new registered office address | egistered office acss here: | ddress on our records, <u>ei</u> | nter the name o | f the new registered |
| Name of New Registered Agent: | Valerie Reiter | | | |
| New Registered Office Address: | | | | |
| | | Enter Florida street a | ddress | |
| | | | . Florida | |
| | | City | <u> </u> | 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.

Million Continued 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 |
|--------------|-------------------|---------------------------------|----------------|
| MGR | Benjamin R. Marks | 252 SHORE CT | □Add |
| | | LAUDERDALE-BY-THE-SEA, FL 33308 | ■Remove |
| | | | □Change |
| MGR | Valeric Reiter | 252 SHORE CT | · ® Add |
| | | LAUDERDALE-BY-THE-SEA, FL 33308 | □Remove |
| | | | □Change |
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| ffective date, if other than the date of filing: | | (optional) | | |
| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable | ne of filing or more than 90 c | lays after filing.) Pur | suant to | 605.02 listed |
| ocument's effective date on the Department of State's records. | statutory ming requirem | , | | |
| | | | | |
| record specifies a delayed effective date, but not an effective time. | at 12:01 a.m. on the earli | er of: (b) The 90 | ith day a | ıfter tl |
| d is filed. | | | | |
| Dated 12 2024 | | | | |
| valeu | | | | |
| | | | | |
| Dated 2024. Signature of a member or authorize | | | | - |

Filing Fee: \$25.00