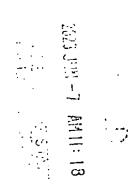
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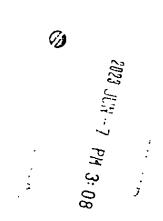
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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| Wellmeaning-MDU | Palmetto, LLC | |
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| Thank you Seth Nee | elev | |
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| De 19 | | Art of Inc. File |
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| | | Foreign Corp. File |
| | | L.C. File |
| | | Fictitious Name File |
| | | Trade/Service Mark |
| | | Merger File |
| | | Art, of Amend, File |
| | | RA Resignation |
| | | Dissolution / Withdrawal |
| | | Annual Report / Reinstatement |
| | | Cert. Copy |
| | | Photo Copy |
| | | Certificate of Good Standing |
| | | Certificate of Status |
| | | Certificate of Fictitious Name |
| | | Corp Record Search |
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| Signature | <u> </u> | Fictitious Owner Search |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WELLMEANING-MDU PALMETTO, 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 May 19, 2023 Florida document number 1.23000248251 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:

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> | Address | Type of Action |
|--------------|--------------------|-------------------------|-----------------------------------|
| MGR | 7Z MANAGER LLC | 1000 Brickell Avenue | □Add |
| | | Suite 300 | ■Remove |
| | | Miami, FL 33131 | □ Change |
| MGR INNL SE | INNL SERVICES, LLC | 2700 North Miami Avenue | ∃ Add |
| | | Suite 401 | □Remove |
| | | Miami, FL 33127 | |
| | | | □Add |
| | | | □Remove |
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| fective date, if other than the effective date is listed, the date in ote: If the date inserted in this becument's effective date on the | nust be specific and can block does not meet | the applicable | | | filing.) Pursuant to 60 | |
| record specifies a delayed effect is filed. | tive date, but not an | effective time, | at 12:01 a.m. on | the earlier of: (b) | The 90th day aft | ter the |
| June 7 | 2 | 023 | NA | | | |
| ated June 7 | , | | 100 | | | |
| ated | Signature of a men | nber or authorize | d representative () | f a member | | |