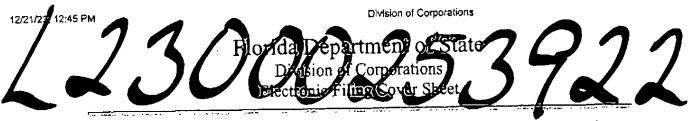
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DES-MATT, INC Account Number : I20180000078 ; (352)223-3911 Phone Fax Number : (863)318-8218

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

Ema11	Address:	.	 	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED
EUZI DEC 21
TALLAHASSEE, FLORION
SLE, FLORIDA

TERRAFORMERS, 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 04, 2023 Florida document number	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 "LLC" or the a	bbreviation "L.L.C."
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 na agent and/or the new registered office address here:	me of the new registere
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Florida	Zip Code
City	Lip 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 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

Title Title	Name	Address	Type of Action
MBR	DALILA MOLINA	212-ECKERD ST	□ Add
		DAVENPORT, FL 33837	■ Remove
			Change
			DAdd
			□Remove
			□ Change
			22 CRemove
			FL Change
_ 			□Add
			Remove
			Change
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			□Remove
			Change
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TALLAHASSIE: FLORIDA	
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TALLAMASSIE FLORIDA	
FALLAHASSIE FLORIGE	
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(optional) ng or more than 90 days after filing.) Pursuant to 60 ry filing requirements, this date will not be lis	5.020° ted a:
1 a.m. on the earlier of: (b) The 90th day aft	er the
sentative of a member	
0 e:	(optional) ling or more than 90 days after filing.) Pursuant to 60 ory filing requirements, this date will not be lis 01 a.m. on the earlier of: (b) The 90th day aft

Filing Fee: \$25.00