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COVER LETTER

TO: Registration Section

| porations | • | • |
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| PID LLC | | |
| Name of Limi | ted Liability Company | |
| Amendment and fec(s) are sub- | mitted for filing. | |
| indence concerning this matter | to the following: | |
| MICHAEL SHAWN | | |
| · · · · · · · · · · · · · · · · · · · | Name of Person | |
| LAW OFFICES OF MICH | IAEL SHAWN | |
| | Firm/Company | |
| 929 ALTON ROAD SUIT | E 500 | |
| | Address | |
| MIAMI BEACH, FL 3313 | 9 | |
| MICHAEL@MSHAWNLA | City/State and Zip Code .W.COM | ification) |
| E-mail address: (t | o be used for future annual report not | ification) FAT 10: 16 |
| oncerning this matter, please ca | all: | |
| | 305 295-9892 at () | |
| f Person | | ne Telephone Number |
| ne following amount: | | |
| ☐ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Section | <u>Street Address:</u> Registration Se Division of Co | |
| | The Centre of T | Tallahassee be Street, Suite 810 |
| | Amendment and fee(s) are substituted and fee(s) | Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. MICHAEL SHAWN Name of Person LAW OFFICES OF MICHAEL SHAWN Firm/Company 929 ALTON ROAD SUITE 500 Address MIAMI BEACH, FL 33139 City/State and Zip Code MICHAEL@MSHAWNLAW.COM E-mail address: (to be used for future annual report not oncerning this matter, please call: Area Code Daytin Defollowing amount: S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Signature of Status Street Address: Registration Section Orporations 7 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LS INTREPID, 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 _UNE 30, 2023 and assigned Florida document number $\underline{1.23000314705}$ 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) IJ1 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 _, Florida __ City 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 Changing Registered 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> | <u>Address</u> | Type of Action |
|--------------|-------------------|------------------------|----------------|
| MGR | MICHAEL SHAWN | 929 ALTON ROAD STE 500 | |
| | | MIAMI BEACH, FL 33139 | ■Remove |
| | | | □Change |
| MGR | LSDS MANAGER, LLC | 929 ALTON ROAD STE 500 | ■Add |
| | | MIAMI BEACH, FL 33139 | ☐Remove |
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| votive date if other than the date of filings. | in effective date is listed, the date manager of the date in the date in the date in this has been detailed in this has been detailed. | ist be specific a | and cannot be | prior to da | te of filing o | or more than | (op i 90 days aft | cionary er filing.) Pur | suant to | 605.020 |
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| ective date, if other than the date of filing: | | | | | | | | | | |
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Filing Fee: \$25.00

Typed or printed name of signee