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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON
Account Number : 120060000135
Phone : (305)789-3200
Fax Number : (305)789-4137

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

Email Address: MSButters@butters.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOCA PADDLE LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as it now (A Florida Limited Liability Corp	rappears on our records.)
he Articles of Organization for this Limited Liability Company were filed	on June 30, 2023 and assigned
lorida document number L23000315099	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comm	pany here:
he new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	F-0
Mgiling address MAY BE A POST OFFICE BOX	(0
le l	: N
 If amending the registered agent and/or registered office address or agent and/or the new registered office address here: 	n our records, enter the paint of the new regis
	- ··
Name of New Registered Agent:	
New Registered Office Address:	
•	Enter Florida street address
	Florida

New Registered Agent's Signature, if changing Registered Agent

11

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>	Address	Type of Action
AMBR	Boca Paddle Sponsor LLC	6820 Lyons Technology Circle, Suite 100	Si Add
		Coconut Creek, FL 33073	□Remove
Authorized Representative	Michael Schenk	c/o Farmers Table Boca 1901 North Military Trail	🗗 Add
		Boca Raton, FL 33431	
			□Change
MGR	Boca Paddle Sponsor LLC	6820 Lyons Technology Circle, Suite 100	□Add
		Coconut Creek, FL 33073	🖸 Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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ccord s is filed	pecifies a delayed	l effective date,	but not an o	effective time,	at 12:01 a.n	n, on the earli	erof: (b)	The 90th day n	fter th
aled	September	22	, <u>-</u>	2025)		
					ed representati	IVC OF D THEODOR			