Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

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| | Engage the | report | mailın | gs. | Enter | only | one | email | add | ress | ple | ase. | ** |
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第5 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ONATRU LLC**

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

T. LEMIEUX

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ₹ | | ONATR | JLLC | * | |
|------------------------|--------------------------------|---|---|----------------------------|-------------------------|
| | (Name of | the Limited Liability Compa (A Florida Limited I | ny as it now appears (Jability Company) | on our records.) | |
| | - | imited Liability Company | were filed on <u>. 07</u> | /05/2023 | and assigned |
| Florida do c ur | nent number <u>L230003</u> | 19705 | | | |
| This amendm | nent is submitted to amend | the following: | | | |
| A. If amend | ing name, <u>enter the new</u> | name of the limited liab | lity company here | ; | |
| | | | | | |
| The new name r | nust be distinguishable and co | ntain the words "Limited Liabit | ity Company," the desi | gnation "LLC" or the at | obreviation "L.L.C." |
| Enter new pi | rincipal offices address, | if applicable: | | | |
| (Principal off | fice address MUST BE A | STREET ADDRESS) | | | |
| | | | | | |
| | | | | | |
| Enter new m | ailing address, if applica | able: | | | |
| Mailing add | ress MAY BE A POST O | FFICE BOX) | | - | 262 |
| | | | | | - |
| | | | | | 153 |
| | | and/or registered office a | ddress on our reco | ords, <u>enter the nam</u> | e of the new registered |
| agent and/or | the new registered offic | <u>e address here</u> : | | • | ت د عد |
| | | | | - | ယ္က |
| <u>Nan</u> | ne of New Registered Age | <u>ent</u> : | | - | _ |
| New | Registered Office Addre | :SS: | | | |
| | | | Enter Florida | street address | |
| | | | | . Florida | |
| | | · · · · · · · · · · · · · · · · · · · | City | | 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.

| 7 | /26/2023 | 09 | 04:54 | POT | |
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To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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> | Name | Address | Type of Action |
|--------------|---------------|--------------------------|----------------|
| AMBR | Stan Schulman | 7901 4TH ST N STE 300 | ⊠ Add |
| | | ST. PETERSBURG, FL 33702 | |
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| ffective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this bloomment's effective date on the Do | the specific and cannot be pri ock does not meet the appl | or to date of filing or more licable statutory filing a | | |
| record specifies a delayed effective is filed. | ; date, but not an effective | time, at 12:01 a.m. on | the earlier of: (b) The | 90th day after the |
| ated July 26 | . 2023 | *************************************** | | |
| | Signature of a member or au | <i>7.</i> | | |
| | 1 ノーはんご | レン・ルベンレイ | | |
| | Signature of a member or an | thorized representative of | a incipper | |