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COVER LETTER

	egistration Sectivision of Corpo				
endiez-	SII Investmen				
SUBJECT	`:	Name of Lim	ited Liability Company	**	
The enclos	ed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspond	dence concerning this matter	to the following:		
		Samuel Imiak			
			Name of Person		
			Firm/Company		•
		6765 Lago Vista Ter	Address		•
		Boca Raton, FL, 33433	Audress		
		Dica Ratoli, 1 C, 3343.7	City/State and Zip Code		
		Sam@imiakcapital.com			-
For further	information cor	E-mail address: (neerning this matter, please co	to be used for future annual report notit all:	ication)	
Samuel Im	iiak		954 9182659		
	Name of I	Person	at () Area Code Daytime	Telephone Number	
Enclosed is	s a check for the	following amount:			
■ \$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	`Status & y
	lailing Address;		Street Address:		
	egistration Se livision of Co		Registration Sec Division of Con		
	O. Box 6327	- L	The Centre of T		
	allahassee FI	32314		Street Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SII Investments		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our rability Company)	records.)
The Articles of Organization for this Limited Liability Company w	vere filed on 07/10/23	and assigned
Florida document number L23000324913		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Imiak Capital LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		, J
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		•
(manning manifest MATA DE MATORITOR DOTAL)		
		•
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	idress on our records, <u>c</u>	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	uddress
		. Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		

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
		- MANAGE - AND - A	□ Add
			□Remove
		 	CJChange
		□ Remove	
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iffecti fan eff	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	November 9th 2023
	November 9th 2023 Signature of a member or authorized representative of a member