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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAWNSUN ENTEPRISES LLC

| Certificate of Status | JT. | 0 |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JAWNSUN ENTEPRISES LLC | | |
|---|--|------------------------------|
| (<u>Name of the Limited Liab</u> (A Flori | ility Company as it now appears on our records. da Limited Liability Company) | , |
| The Articles of Organization for this Limited Liability | Company were filed on 07/20/2023 | and assigned |
| Florida document number L23000344269 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the lin | mited liability company here: | |
| IAWNSUN ENTERPRISES LLC | | دع |
| he new name must be distinguishable and contain the words "Li | imited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | →, |
| | Aprec. | 1 |
| <u>Principal office address MUST BE A STREET ADL</u> | JKESS) | |
| | | |
| | | S. |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX | | |
| | | |
| | | |
| If amending the registered agent and/or register gent and/or the new registered office address here | | he name of the new regis |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Flor | rida |
| | 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.

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 |
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| D. If amen | ding any other inf | ormation, enter ch | nange(s) here: | (Attach additie | onal sheets, if neces | ssary.) | |
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| Note: If | the date inserted in t | n the date of filing ite must be specific and his block does not m the Department of St | eet the applicab | date of filing or male statutory filing | (option ore than 90 days after fi g requirements, this o | tal) ling.) Pursuant to 605,020 date will not be listed a | 07 (3)(b) is the |
| If the record s record is filed | | fective date, but not a | an effective tim | e, at 12:01 a.m. i | on the earlier of: (b) | The 90th day after the | : |
| Dated Se | ptember 27th | | 2023 | . • | | | |
| | /s/ Tiffany Meeke | | | | | | |
| | | Signature of a m | ember or authori | zed representative | of a member | 7 | |
| | Tiffany Meeker, A | ttorney-in-Fact | | | | | |

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Typed or printed name of signee