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To:

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

From:

| Account Name | ; | TRENAM, | KEMKER, | SCHARF, | BARKIN, | FRYE, | O'NEILL | & MULLIS, | P.A. |
|----------------|---|---------|---------|---------|---------|-------|---------|-----------|------|
| Account Number | ; | 0764240 | 83301 | | | | | | |
| Phone | ; | (813)22 | 3-7474 | | | | | | |
| Fax Number | : | (813)22 | 7-0435 | | | | | | |

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

Email Address: max@modrakcpa.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BALDWIN ACQUISITIONS LLC**

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|--|--|---|
| ARTICLES | OF AMENDMENT TO | (((H23000374001 3))) |
| → ARTICLES C | DF ORGANIZATION | j |
| ARTICLESC | OF | • |
| | - | |
| BALDWIN ACQUISITIONS LLC | | |
| (<u>Name of the Limited Linbility C</u> (A Florida Lii | <u>Company as it now appears on ou</u> nited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability Com | nony wora Election 10/11/23 | (Effective 10/10/23) and assigned |
| Florida document number <u>L23000469498</u> . | any were med on | and assigned |
| | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited</u> | Hiability company here: | |
| | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designati | on "LI.C" or the abbreviation "L.IC." |
| Enter new principal offices address, if applicable: | | N |
| | | |
| (Principal office address MUST <u>BE A STREET ADDRES</u> | S) | |
| | <u></u> | · |
| | <u></u> | · |
| | <u>(3)</u> | |
| (Principal office address MUST BE A STREET ADDRES | <u>(S)</u> | |
| (Principal office address MUST BE A STREET ADDRES) Enter new mailing address, if applicable: | <u></u> | - - - - - - - - - - - - - - - - - - - |
| (Principal office address MUST BE A STREET ADDRES) Enter new mailing address, if applicable: | <u></u> | |
| (Principal office address MUST BE A STREET ADDRES) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of | | - - - - - - - - - - - - - - - - - - - |
| (Principal office address MUST BE A STREET ADDRES) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of | | - - - 2 : |
| (Principal office address MUST BE A STREET ADDRES) Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>) B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | | - - - - - - - - - - - - - - - - - - - |
| (Principal office address MUST BE A STREET ADDRES) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: | | - - - - - - - - - - - - - - - - - - - |
| (Principal office address MUST BE A STREET ADDRES) Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>) B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | | |
| (Principal office address MUST BE A STREET ADDRES) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: | fice address on our records | |

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

| MGR = M | | | |
|-------------------|---|--------------------------|----------------|
| AMBR = A Fitle | uthorized Member <u>Name</u> | Address | Type of Action |
| AP | Spencer Baldwin | 1024 44th Ave NE | |
| | | | 🗋 Add |
| | | St. Potersburg, FL 33703 | Remove |
| | | _ | □Change |
| AMBR Sp | Spencer Baldwin | 1024 44th Ave NE | ≣∧dd |
| | | St. Petersburg, FL 33703 | |
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D. If amending any other information. enter change(s) here: (Attach additional sheets, if necessary.)

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| (If an effectiv <u>Note:</u> If th | date, if other than the date or redate is listed, the date must be spec- ne date inserted in this block doe is effective date on the Departme | ific and cannot be prior to is not meet the applicabl | date of filing or more than le statutory filing requir | (optional) 90 days after filing.) Pursuant to ements, this date will not be | 605.0207 (3) listed as the |
| he record sp ord is filed. | ecifies a delayed effective date. I | but not an effective time | e, at 12:01 a.m. on the e | arlier of: (b) The 90th day | after the |
| Dated | October 26 | 2023 | | | |
| | Server Baldwin | | | | |
| | Signatu | re of a member or authoriz | red representative of a mer | nber | - |
| | Spencer Baldwin | | | | |
| | openeer Datawin | | | | |