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| © (Account Number : 1202355500355 Phone : (407)552-7903 | | Fax Number : (407)449-2348 | £031.5203 |
|--|-------------|---|-----------|
| © - ∴ Phone : (407)552-7903 | 1 i | Fax Number : (407)449-2348 | |
| m (n necount number : Ilbatisadoxxxx | • | · · · | |
| Account Number : I20230000193 | 8 94 | Account Number : I20230000193 Phone : (407)552-7903 | |

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T. LEMIEUX

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Help

Tallahassee, FL 32314

COVER LETTER

| TO: Registration Se Division of Cor | ection -porations | | | | |
|--|---|---|---|--|--|
| CLID IE CT | | YOU LLC | | | |
| SUBJECT: | Name of Lin | ited Liability Company | ···· | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | CLAUDIA LIMA | | | | |
| | - | Name of Person | | | |
| | CLAUDIA LIMA TAX & | ACCOUNTING LLC | | | |
| | | Firm/Company | | | |
| | 9100 CONROY WINDER | MERE RD STE 200 OFFICE 241 | | | |
| | | Address | | | |
| | WINDERMERE, FL 3478 | 36 | | | |
| | | City/State and Zip Code | | | |
| | INFO@CLAUDIALIMAT | | | | |
| | | to be used for future annual report noti | fication) | | |
| For further information of | oncerning this matter, please c | all: | | | |
| CLAUDIA LIMA | | 407 5527903 | | | |
| Name o | f Person | at () Area Code Daytim | te Telephone Number | | |
| Enclosed is a check for the | he following amount: | | | | |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Address | | Street Address: | ation | | |
| Registration S Division of C | | Registration Section Division of Corporations | | | |
| P.O. Box 632 | | The Centre of Tallahassee | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | DROP4YOU LLO | | | | | |
|---|--|--|---------------------|-------------|------------|---------|
| (Name of the Lim | ited Liability Compa (A Florida Limited I | iny as it now appear Liability Company) | rs on our records.) | | _ | |
| The Articles of Organization for this Limited I Florida document number L23000491693 | Liability Company | were filed on | 10/27/2023 | | and as | signed |
| This amendment is submitted to amend the fol | lowing: | | | | | |
| A. If amending name, enter the new name | of the limited liab | ility company he | ere: | | | |
| The new name must be distinguishable and contain the | words "Limited Liabil | lity Company," the d | esignation "LLC" or | he abbrev | ation "L | .L.C." |
| Enter new principal offices address, if appli | cable: | 7852 nw 62nd s | t | - <u></u> | | |
| (Principal office address MUST BE A STREET ADDRESS) | | Miami, FL, 331 | 66 | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | : BOX) | 7852 nw 62nd s Miami, FL, 331 | | · · · · · · | 2074 ND | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | address on our r | ecords, enter the | name of | | w regis |
| Name of New Registered Agent: | CLAUDIA LIN | MA TAX & ACCC | OUNTING LLC | 1377 | - - | |
| New Registered Office Address: | 9100 CONROY | | RD SUITE 200 OF | FICE 3 | 1 | |
| | WINDERMER | | , Florid | a 34786 | | |
| | - | City | | 7. | ip 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.

Claudia Lima

If Changing Registered Agent, Signature of New Registered Agent

FAX

| 2 +14074492348 | © | | 1 € 6/8 | 2 14.11.2024 | 10:20:47 |
|---|------------|------|----------------|--------------|-----------|
| 1 | <u>v</u> . | | . <u> </u> | | 10.120.11 |

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 |
|--------------|-----------------------|---|----------------|
| MGR | DIAS SANTOS, MATHEUS | 10042 SPANISH ISLES BLVD BOCA RATON, FL | 3 □Add |
| | | | _ |
| | | | □Change |
| MGR | DE SOUZA ADAN, VAMIRE | 7852 NW 62ND ST, MIAMI, FL, 33166 | _ E Add |
| | | | _ □Remove |
| | | | _ □Change |
| | | | _ □Add |
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| Effective | date, if other than the date of | of filing: (optional) ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 |
| Note: If t | the date inserted in this block do 's effective date on the Departm | bes not meet the applicable statutory filing requirements, this date will not be listed as |
| he record spord is filed. | | , but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| | NOVEMBER 11th | 2024 |
| Dated | | |
| Dated | | With 2003, Santos (Nov. 11, 2074.13.4C FST) |

FAX

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