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COVER LETTER

TO: Registration Division o	on Section f Corporations		
	REGISTRY Finance LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	Jason Potter		
		Name of Person	
	duPont REGISTRY Group	LLC	
Firm/Company			
	5972 NE 4th Avenue		
		Address	
	Miami, FL, 33137		
		City/State and Zip Code	
	jp@dupontregistrygroup.co E-mail address: 4	m to be used for future annual report not	fication)
For further informat	ion concerning this matter, please c		-
Jason Potter		+1 786 493 7240	0
N:	ame of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ee	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section of Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

duPont REGISTRY Finance LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ated Liability Company)			
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/31/2023	a	nd assi	gned
Florida document number L23000495141				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
duPont REGISTRY Finance Holdings LLC				
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or	the abbreviat	tion "LI	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
		Çr.	23	
		ΣÖ	<u>}</u>	-
Enter new mailing address, if applicable:		— ·	JAN	1 !
(Mailing address MAY BE A POST OFFICE BOX)			26	
		SO SO	ص_	<u> </u>
		in co	™	O
B. If amending the registered agent and/or registered off	fice address on our records, enter the	name of the	be new	registere
agent and/or the new registered office address here:		m	9	
Name of New Registered Agent:	=			
New Registered Office Address:				
	Enter Florida street address			
	Floric			
	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 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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bludocument's effective date on the Do	ock does not meet the	applicable statute	ing or more than 90 ry filing requiren	(optional) days after filing.) Pursa nents, this date will n	ant 10 605,0207 (ot be listed as t
record specifies a delayed effective d is filed.	e date, but not an effe	ective time, at 12:0	l a.m. on the earl	ier of: (b) The 90th	day after the
Dated	. 2024	··			
	•				
Jan Jan	Signature of a member				