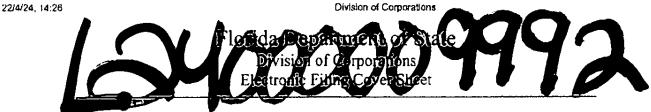
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : 120060000012 : (305)826-5886 Phone : (305)722-0535 Fax Number

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

Fmail	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SOMIWAX LLC**

Certificate of Status 0	
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APR 3 2 2024 T. LEMIEUX B

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

* s	SOMIWAX LLC				
_	Company as it now appears on our records.) imited Liability Company)				
The Articles of Organization for this Limited Liability Conflorida document number L24000009992	mpany were filed on	and assigned			
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	d liability company here:				
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
Principal office address MUST BF. A STREET ADDRE	<u></u>				
		· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:		<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)					
		: 3			
		22			
B. If amending the registered agent and/or registered o	office address on our records, <u>enter the</u>	name of the new registere			
agent and/or the new registered office address here:		<u> </u>			
		% ₩			
Name of New Registered Agent:		<u> </u>			
New Registered Office Address:					
	Enter Florida street address				
	. , Florid				
	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.

To: 18506176383 Page: 4 of 5 2024-04-22 18:55:38 GMT 13058473293 From: Martin Collante

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

Title	<u>Name</u>	Address	Type of Action
AMBR	GRACIELA B SANCHEZ	900 S MIAMI AVE	= Add
		SUITE 242, MIAMI, FL 33130	□Remove
			☐ Change
			DAdd
			□Remove
			□ Change
			□Add
			□ Петюче
			☐ Change
	····		□Add
			□Remov e
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

ı Amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	-
_	
_	
_	
<u>lote:</u> [i	e date, if other than the date of filing:
record is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t d.
ated _	PRIL 22 , 2024
	Signature of a member or authorized representative of a member