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:

15612148442

Division of Corporations

Fax Number : (850)617-6383

From:

: COMPUTERSHARE Account Name Account Number : 110432003053 : (561)694-8107 Phone 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: |   |  |
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|       |          | • |  |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANDAMAN LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Andaman LLC  |   |                              |  |  |
|--|---|------------------------------|--|--|
| (Name of the Limited Liability Comp.<br>(A Florida Limited   | any as it now appears on our records.<br>Liability Company) | )                            |  |  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L24000034076</u>      | y were filed on 01/22/2024                                  | and assigned                 |  |  |
| his amendment is submitted to amend the following:   |   |                              |  |  |
| A. If amending name, enter the new name of the limited liab  | pility company here:  |                              |  |  |
| he new name must be distinguishable and contain the words "Limited Liabi   | ility Company," the designation "LLC"                       | or the abbreviation "L.L.C." |  |  |
| Enter new principal offices address, if applicable:  | 4040 NW 88 Ave, Apt 1-C, Sunrise, FL 33351                  |                              |  |  |
| Principal office address MUST BE A STREET ADDRESS)   |   |                              |  |  |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )                      | 4040 NW 88 Ave, Apt 1-C, Sun                                | rise, FL 33351               |  |  |
| 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: | address on our records, <u>enter tl</u>                     | he name of the new registere |  |  |
| Name of New Registered Agent:  |   | <del> </del>                 |  |  |
| New Registered Office Address:   |   | <u> </u>                     |  |  |
|  | Enter Florida street address                                | •                            |  |  |
| <del></del>  | , Flor  | rida                         |  |  |
|  | City  | z.qr Cone                    |  |  |

## 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> | Name                       | Address                                    | Type of Action |
|--------------|----------------------------|--|----------------|
| MGR          | HINCAPIE JARAMILLO, SANTI. | 4040 NW 88 Ave, Apt 1-C, Sunrise. FL 33351 | □Add           |
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| Iffective date, if other fan effective date is listed Note: If the date insert | ted in this block does  | not meet the applica                   | to date of filing or more thable statutory filing rec | (optional)<br>han 90 days after filing.)<br>quirements, this date v | Pursuant to 605.0207<br>will not be listed as |
| locument's effective da  |                         |  |   |   |   |
| locument's effective di<br>record specifies a dela<br>d is filed.              | ayed effective date, bu | ut not an effective tir                | me, at 12:01 a.m. on the                              | ne earlier of: (b) The  | : 90th day after the                          |
| locument's effective da<br>record specifies a dela<br>d is filed.              |                         |  |   | ne earlier of: (b) The  | 90th day after the                            |
| locument's effective da<br>record specifies a dela                             |                         | 2024                                   |   |   | 90th day after the                            |
| locument's effective de record specifies a dela d is filed.  June 10           |                         | 2024                                   |   |   | 90th day after the                            |

Filing Fee: \$25.00