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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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inter the email address for this business entity to be used for future to be used for fu

1 Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KATALOG FLORIDA LLC

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T. LEMIEUX

MAR 29 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KATALOG FLORIDA LLC	•
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L24000070500</u>	were filed on 02/07/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	dty company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	024
B. If amending the registered agent and/or registered office ac	
agent and/or the new registered office address here:	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	3 2
	Enter Florida street address

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. Thereby confirm that the limited liability company has been notified in writing of this change.

CHY

3/28/2024 12:13:50 PDT • . To: 18506176383 Pag

Page: 3/4 Fax: 8134365206

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AR	YORAN, ADAM	1007 N ORANGE ST 4TH FLOOR STE 3089	□Add
		WILMINGTON, DE 19801	⊠Remove
			[]Change
		·	□Add
			⊡Remove
			
	· · · · · · · · · · · · · · · · · · ·	🖾 Add	
			□Remove
			□Change
		🗆 Add	
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			Change
			[]Add
			□Remove
			Change

To 18506176383	Page; 4/4	Fax: 81343
ormation, enter change(s) here: 1/2	Attach additional sheets, if necessary.)	
		
		
		- ,
		
	·	
		
		
		
an the date of filing:	(optional) te of filing or more than 90 days after filing.) Purs statutory filing requirements, this date will	arant to 605,0207 (3)(b) not be fisted as the
ffective date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b) The 90t	h day after the
2024		
	in the date of filing: ate must be specific and cannot be prior to dathis block does not meet the applicable the Department of State's records.	in the date of filing:

Nat Smith
Typed or printed name of signee