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Division of Corporations

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From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000

Fax Number : (800)603-5868

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

Email Address: RLOPS@PARASEC.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SN CAPITAL VENTURES LLC

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SEP - 6 2024

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<b>₹</b>		•		
SN CAPITAL VEN	TURES LLC	•		
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appr	ears on our records.)		
(M. Fiore	ia i, inneed maenny Company	,		
The Articles of Organization for this Limited Liability	Company were filed on _	02/14/2024	and assigned	
Florida document numberL24000080766	·			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lin</u>	nited liability company	<u>here</u> :		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
• •	nree.			
Principal office address MUST BE A STREET ADD	<u> </u>			
			7 28	
			24.8	
Enter new mailing address, if applicable:			<u> </u>	
Mailing address MAY BE A POST OFFICE BON				
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3. If amending the registered agent and/or registere	ed office address on our	records, enter the na	ime of the new regist	
igent and/or the new registered office address here:			7	
Name of New Registered Agent:				
•				
New Registered Office Address:	Enter F	larıda street address		
	Emer Parrida Mreet address			
	C.u.	, Florida	Zip Code	
	Cigr		Zip Coae	

## 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.

Occusion Envelope ID: 94A0D33F-5F6D-4890-BA45-621E74207999
The amending Authorized Derson(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
AMBR	Gabriella Reyes	711 NE 72ND STREET	🗆 Add
		MIAMI, FL 33138	NRemove
			Change
AMBR	Felipe Lima	711 NE 72ND STREET	□Add
		MIAMI, FL 33138	NRemove
		<del></del>	□Change
AMBR	SN Ventures LLC	1309 Coffeen Avenue STE 14193	XAdd
		Sheridan, Wyoming 82801	□Remove
			☐ Change
			🖸 Add
			= Remove
			🗆 Add
			□Remove
			ElChange
			🖸 Add
			TRemove
			□Change

). If amen	ding any other informati	on, enter change(s) here:	(Attach additional she	ets, if necessary.)	
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<u>Note:</u> If	e date, if other than the dative date is listed, the date must he the date inserted in this blocates effective date on the Dep	ate of filing: we specific and cannot be prior to o k does not meet the applicabl artment of State's records	date of filing or more than be statutory filing require	(optional) 20 days after filing ) Pursuant to ements, this date will not be	o 605 0207 (3) : listed as the
he record s ord is filed		date, but not an effective time	, at 12.01 a.m. on the ea	arlier of (b). The 90th day	after the
Dated	August 29	2024			
			Felipe lima		
	Si	gnature of a member or authoriz	ed representative of a men	her	_
			Felipe Lima		
		Typed or printed r	name of signee	<del></del>	_

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