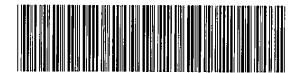
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|                         | equestor's Name)    |           |
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| (R                      | equestors Name)     |           |
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| PICK-UP                 | ☐ WAIT              | MAIL      |
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|                         | usiness Entity Nam  | e)        |
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| Certified Copies        | Certificates        | of Status |
|                         |                     |           |
| Special Instructions to | Filing Officer:     |           |
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## **COVER LETTER**

| Division of C           | Corporations                                 |   |   |
|-------------------------|--|---|---|
| Picalim SUBJECT:        | as LLC                                       |   |   |
| <u></u>                 | Name of Lin                                  | ited Liability Company  |   |
| The enclosed Articles   | of Amendment and fee(s) are sub              | emitted for filing.   |   |
| Please return all corre | spondence concerning this matter             | to the following:   |   |
|                         | Aubrey Birrell                               |   |   |
|                         |  | Name of Person  |   |
|                         | Prime Corporate Services                     |   |   |
|                         |  | Firm/Company  |   |
|                         | 5250 S Commerce Dr Ste                       | 200   |   |
|                         |  | Address   |   |
|                         | Murray, UT 84107                             |   |   |
|                         |  | City/State and Zip Code   |   |
|                         | llesupport@primecorporate                    |   | <del></del>   |
|                         |  | to be used for future annual report notif                           | icution)  |
| For further informatio  | n concerning this matter, please c           | all:  |   |
| Aubrey Birrell          |  | 855 577-4639<br>at ()   |   |
| Nam                     | e of Person                                  | Area Code Daytime   | : Telephone Number  |
| Enclosed is a check fo  | r the following amount:                      |   |   |
| ≸ \$25.00 Filing Fee    | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| MA                      | ILING ADDRESS:                               | STREET/COURI  | ER ADDRESS:   |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**Registration Section** 

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Picalimas LLC  |   |   |
|--|---|---|
| (Name of the Lim   | ited Liability Company as it now a<br>(A Florida Limited Liability Comp | appears on our records.) pany)                      |
| The Articles of Organization for this Limited L<br>Florida document number L2000084556 | Liability Company were filed c  | on 2/16/2024 and assigned                           |
| This amendment is submitted to amend the fol   | lowing:   |   |
| A. If amending name, enter the new name of   | of the limited liability compa  | my here:  |
| The new name must be distinguishable and contain the                                   | words "Limited Liability Company."                                      | "the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli  | cable:  |   |
| (Principal office address MUST BE A STRE   | ET ADDRESS)   |   |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)       |   |   |
| B. If amending the registered agent and registered agent and/or the new registered of  | office address here:  | ess on our records, enter the name of the           |
| Name of New Registered Agent:  | Daniel Elie   | · · · ·   |
| New Registered Office Address:   | 1240 Southwest 11th Avenu   | · · · · · · · · · · · · · · · · · · ·               |
|  | Ente  | er Florida street address                           |
|  | Gainesville   | Florida 32601                                       |
|  | 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> | <u>Name</u>           | Address                    | Type of Action |
|--------------|-----------------------|----------------------------|----------------|
| AMBR         | Jeronimo Holdings LLC | 30 N Gould Street Suite R  | Add            |
|              |                       | Sheridan WY 82801          | ■ Remove       |
|              |                       |                            | □ Change       |
| AMBR         | Daniel Elic           | 1240 Southwest 11th Avenue | <b>■</b> Add   |
|              |                       | Apt B107                   | □ Remove       |
|              |                       | Gainesville, FL 32601      | ☐ Change       |
|              |                       |                            | Add            |
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| ffective date, if o                                  | other than the | date of filing   | <u> </u>      |                 |                 | (option     | al)             |             |
| an effective date is I<br><u>ote:</u> If the date ir |                |                  |               |                 |                 |             |                 |             |
| ocument's effective                                  |                |                  |               |                 | mms require     | mems, mis a | are will not be | nsica us i  |
|  |                |                  |               |                 |                 |             |                 |             |
|  | ies a delayed  | effective d      | ate, but no   | ot an effecti   | ive time, at    | : 12:01 a.r | m. on the ea    | rlier of:   |
| e recora specii                                      |                |                  |               |                 |                 |             |                 | •           |
| e record specif<br>The 90th day                      |                |                  |               |                 |                 |             |                 |             |
| The 90th day   |                |                  | 2.4           |                 |                 |             |                 |             |
| The 90th day   |                | ,                | 24            | <u> </u>        |                 |             |                 |             |
| The 90th day   | N 40 à         | ,                | 24            | ·               |                 |             |                 |             |
| The 90th day   | W Elie         |                  |               | '               | and the second  |             |                 |             |
|  | W Elie         | Signature of a n |               | orized represen | tative of a mem | ber         | _               |             |