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Division of Corporations

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Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PI LINK, LLC

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T. LEMIEUX

MAY 10 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PI LINK, LLC	3a-411-100a-C		
('ABLUE OF LUE T'III	(A Florida Limited	nany as it now appears on our records.) I Liability Company)	
he Articles of Organization for this Limited 1		y were filed on 05/06/2024	and assigned
lorida document number L24000203337			
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited Liab	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		·····
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		
			· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and/or igent and/or the new registered office addr		address on our records, enter the	name of the new regis
gent andor the new registered office addr	ess nere:		
Name of New Registered Agent:	N/A		
Name of New Registered Agent.			in E
New Registered Office Address:		Enter Florida street address	<u> </u>
		Enter r torida street address	L 1 12
		, Florid	laZip Code
		Cuy	zip 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>	<u>Name</u>	Address	Type of Action
MGR	WOLF SACASA. ROBERTO	201 S BISCAYNE BLVD STE 1920	□Add
		MIAMI, FL 33131	
			■Change
			□ Add
			□Remove
			□Change
			□Add
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N/A					
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	e date of filing:			(optio	nal)
ffective date, if other than the an effective date is listed, the date m	ast be specific and can	not be prior to	date of filing or mo	re than 90 days after f	iling.) Pursuant to 605.0207
Note: If the date inserted in this locument's effective date on the	block does not meet Department of State	t the applicable's records	e statutory tiling	requirements, this	date will not be listed as
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record specifies a delayed effect d is filed.	ve date, but not an	effective time	, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
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May 8th	2	2024			
Dated May 6th	· -	-	-		
100					

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Typed or printed name of signee