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:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REX LEGAL LLC Account Number : I20210000159 Phone : (786)491-4307 Fax Number : (786)373-3250

|--|

| **Enter the | email a | address | for | this  | busin | ess | entity | to  | be  | used  | for  | future |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 108 ECOMMERCE LLC

| Certificate of Status | 0       |
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K. SALY

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Corporate Filing Menu

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TO:

Registration Section

## **COVER LETTER**

| Division of Cor               | porations                                    |   |  |
|-------------------------------|--|---|--|
| 108 ECOM                      | MERCE LLC                                    |   |  |
| SUBJECT:                      | Name of Lim                                  | ited Liability Company  | <del></del>  |
| The enclosed Articles of      | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return all correspo    | ndence concerning this matter                | to the following:   |  |
|                               | GEORGE JOVANOVIC                             |   |  |
|                               |  | Name of Person  |  |
|                               | REX LEGAL LLC                                |   |  |
|                               | <del></del>                                  | Firm/Company  | <del>.</del>   |
|                               | 66 W FLAGLER ST. SUI                         | TE 900  |  |
|                               |  | Address   |  |
|                               | MIAMI, FL 33130                              |   |  |
|                               |  | City/State and Zip Code   |  |
|                               | INFO@REXLEGAL.COM  E-mail address: (         | to be used for future annual report no                                    | tification)  |
| For further information c     | oncerning this matter, please c              | ·   |  |
| GEORGE JOVANOVIC              |  | 786 3053105   |  |
| Name o                        | f Person                                     |   | me Telephone Number  |
| Enclosed is a check for the   | ne following amount:                         |   |  |
| ■ \$25.00 Filing Fee          | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration S |  | Street Address:<br>Registration So  |  |
| Division of C<br>P.O. Box 632 |  | Division of Co<br>The Centre of   |  |
| Tallahassee, I                |  |   | be Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 DEC -5 PH 3: 34
TALLAHASSEE FLORIO

108 ECOMMERCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Lia  | bility Company   | were filed on 05/10/20     | 224 and assigned                               |  |  |
|--|--|----------------------------|--|--|--|
| Florida document number <u>L24000220374</u>  | ······································                   |                            |  |  |  |
| This amendment is submitted to amend the follo   | wing:  |                            |  |  |  |
| A. If amending name, enter the new name of   | the limited liab   | ility company here:        |  |  |  |
| The new name must be distinguishable and contain the wo  | rds "Limited Liabi                                       | lity Company," the designa | tion "LLC" or the abbreviation "L.L.C."        |  |  |
| Enter new principal offices address, if applica  | ble:   | 66 W FLAGLER ST.           | SUITE 900                                      |  |  |
| (Principal office address MUST BE A STREET   |  | MIAMI, FL 33130            |  |  |  |
|  |  | USA                        |  |  |  |
|  |  | 7901 4TH ST N STE          | 200  |  |  |
| Enter new mailing address, if applicable:  |  |                            |  |  |  |
| (Mailing address MAY BE A POST OFFICE E  | OX)  | ST. PETERSBURG,            | FL 33702                                       |  |  |
|  |  | USA                        |  |  |  |
| B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent: | •  |                            | s, <u>enter the name of the new registered</u> |  |  |
| Name of New Registered Agent.  |  |                            |  |  |  |
| New Registered Office Address:   | 66 W FLAGLER ST. SUITE 900  Enter Florida street address |                            |  |  |  |
|  |  | Emer Fiorida Sir           |  |  |  |
|  | MIAMI  |                            | , Florida 33130                                |  |  |
| Naw Degistered Agent's Signature if changing D   |  | 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.

George Jovanovic

If Charging Registered Agent, Signature of New Registered Agent

17863733250 → 18506176383

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          | JOAQUIN BURIANI CASTRO | 66 W FLAGLER ST. SUITE 900 | □Add             |
|              |                        | MIAMI, FL 33130            | Remove           |
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| an effective date is listed, the date must b<br>ote: If the date inserted in this bloc | specific and cannot be proceed the app | rior to date of filing o<br>olicable statutory fi | r more than 90 days after<br>ling requirements, this | filing.) Pursuant to 605.0207 (<br>date will not be listed as t |
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