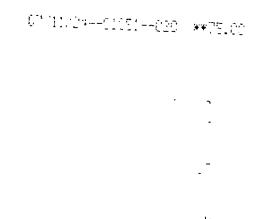
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COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
Druids Glen	IT LLC		
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.	
	ndence concerning this matter to		
	Adrian E. Irias		
		Name of Person	
<u>.</u>	Garcia-Menocal Irias & Pas	tori LLP	
		Firm/Company	
7	368 Minorca Avenue		
		Address	
	Coral Gables, Florida 3313	4	
		City/State and Zip Code	
	vchapparo@urban-usa.com		(II)
		o be used for future annual report not	inication)
For further information	concerning this matter, please ca	all:	-
Femary Arenas		305 400-9652 at ()	
Name	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for	the following amount:		
≅ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration	Section	Street Address: Registration S Division of C	
Division of P.O. Box 6	Corporations 327	The Centre of	f Tallahassee
Tallahassee			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Druids Glen IT LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
		and assigned
he Articles of Organization for this Limited Liability Company	were filed on	and dasignes
lorida document number L24000278165		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi		bbreviation "L.L.C."
he new name must be distinguishable and contain the words "Limited Liabi	848 Brickell Avenue, Suite 1205	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33131	ŧ
<u> </u>		
on the state of the same	848 Brickell Avenue, Suite 1205	
Enter new mailing address, if applicable:	Miami, Florida 33131	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	e address on our records, enter the na	me of the new reg
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	Enter Florida street address Florida	Zip Code

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 Type of Action <u>Address</u> Name 1 Title _____ □Remove _____ Change ______ □Remove _____ Change _____ Remove □Remove

mending any other information, enter change(s) here: (Attach additiona	a sneets. y two-coomys
	<u> </u>
	
ffective date, if other than the date of filing: Tan effective date is listed, the date must be specific and cannot be prior to date of filing or mover. If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.0 g requirements, this date will not be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. d is filed.	on the earlier of: (b) The 90th day after
Dated June 26 . 2024	
Signature of a member or authorized representative	e of a member
Adrian É. Irias Typed or printed name of signee	