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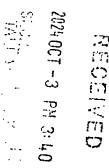
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PURE HOME | INVESTMENTS LLC | | | | |
|--|---|-------------------------|---------------------|--|--|
| (Name of the Limited Liability (A Florida L | Company as it now appears o limited Liability Company) | n our records.) | | | |
| The Articles of Organization for this Limited Liability Collorida document number L24000336997 | mpany were filed on 07/31 | /2024 | and assigned | | |
| his amendment is submitted to amend the following: | | | | | |
| a. If amending name, enter the new name of the limite | ed liability company here | : | | | |
| N/A | | | | | |
| he new name must be distinguishable and contain the words "Limite | ed Liability Company," the design | gnation "LLC" or the ab | breviation "L.L.C." | | |
| inter new principal offices address, if applicable: | N/A | *** | | | |
| Principal office address MUST BE A STREET ADDRE | ESS) | | | | |
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| | | 10.2 | l Co | | |
| inter new mailing address, if applicable: | N/A | 97. 1951. | 775 I I | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | 7. | | |
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| . If amending the registered agent and/or registered of gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | | ords, enter the nam | e of the new regist | | |
| | . Florida | | | | |
| | City | , Fiorida | 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 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 | MARCOS LOZANO PADRON | 2098 DESOTO BLVD N | BAdd |
| | | NAPLES, FL 34120 | □Remove |
| | | | □Change |
| MGR | ABEL LOZANO | 2098 DESOTO BLVD N | = Add |
| | | NAPLES, FL 34120 | |
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| If amending any other information, enter cha | | | · | | |
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| Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and c Note: If the date inserted in this block does not me document's effective date on the Department of Sta | et the applicable | ate of filing or more than statutory filing requir | (optional) 90 days after filing.) I ements, this date w | Pursuant t ill not b | o 605.020 e listed a |
| e record specifies a delayed effective date, but not a d is filed. | n effective time, | at 12:01 a.m. on the e | arlier of: (b) The | 90th day | after the |
| OCTOBER IST | 2024 | | | | |
| | (m) | | | | |
| Signature of a bu | ember or authorize | d representative of a me | nber | | _ |
| | - MARCOS II | OZANO PADRON | | | |
| | Typed or printed n | | | | |

Filing Fee: \$25.00