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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624

: (512)597-0678

Fax Number

ுEmail Address:___

Enter the email address for this business entity to be used for futures annual report mailings. Enter only one email address please.

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T. LEMIEUX Help NOV 1 3 2024 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Al am fature SPV LLC		
(<u>Same of the Limited Liability Co</u> (A Florida Lum	mpany as it now appears on our records.) and Lability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L24000420720</u>	onny were filed on 09/27/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Litmted L	rability Company." the designation "LLC" or the abl	reviation "f. L.C."
Enter new principal offices address, if applicable: 999 NW 7th St. Apt 339, Miamt. F		36
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:	999 NW 7th St. Apt 339, Miami, FL 331	36 - 23
(Mailing address MAY BE A POST OFFICE BOX)		
	4.66	7
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter here:	the name of the new
Name of New Registered Agent:	144 144	· 景 5
New Registered Office Address:	Emer Floridastreetachtros	
	Florida	
	City , r torian	ZipCocke

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

Page: 3 of 4

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dariy Al-Khamid		
			☐ Remove
		999 NW 7th St. Apt 339 Miami, FL 33136	☐ Change
MGR	Viktor Lobov		
			☐ Remove
		999 NW 7th St, Apt 339 Miami, FL 33136	■ Change
AMBR	Dariy Al-Khamid	999 NW 7th St. Apt 339 Miami, FL 33136	Add
			□ Remove
			☐ Change
AMBR	Viktor Lobov	999 NW 7th St. Apt 339 Miami, FL 33136	🖺 Add
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