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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DAMIAN RODRI | CORY KRUELLY, FFC |) | | | |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------|-------------|--------------|-------------|
| (Nama of the Limited Liability Com (A Florida Limited | Dany as it now appears | on our records.) | | | |
| The Artibles of Organization for this Limited Liability Compan Florida document number <u>L24000467981</u> | y were filed on 11/0 | 5/2024 | RI | ર્ગ શક્કો છે | шed |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited lin | blity company her | 24 | | | |
| DAMIAN RODRIGUEZILC | | • | | | |
| The new name must be distinguishable and contain the words "Limited Liab | illity Company," the desi | matten "LLC" or the ablic | risati | G-47- T-7 | - W |
| Enter new principal offices address, if applicable: | • • | • | ****** | 0 1.11 | ν. |
| (Principal office address MUST BE A STREET ADDRESS) | | | | | |
| | | | | | |
| D | | | | 28 | |
| Enter new mailing address, if applicable: | · · · · · · · · · · · · · · · · · · · | | ٠,٠ | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | <u></u> : |
| · | | | | <u>,L</u> | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our reco | rds, enter the name o | fthe | D D | giste |
| Advantage to the new-resident of the 100 tells using: | | • . | - 1 | .5 | |
| Name of New Registered Agent: | | : | | 28 | |
| New Registered Office Address: | | | | | |
| | Exter Florida: | weet address | | | |
| · · · · · · · · · · · · · · · · · · · | | Florida | | | |
| | Clay | | Zip Co | de | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | | |

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:

| Title: | Name | Address | Type of Action |
|---------------------------------------|-------------|----------|----------------|
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| ffective date, if other an effective date is listed foreign. If the date insert downers of the effective decreases and the effective decreases. | er than the date of filing, the date must be specific and it is this block does not interest on the Department of S | g; d connot be prier to date of meet the applicable state State's records. | filing or more than 90 days after tory filing requirements, th | ional) r filing.) Purawat to 605.0207 is cate will not be listed as t |
| record specifies a dele in filed. | yed effective date, but not | an effective time; at 12 | :01 s.m. on the earlier of: () | b) The:90th day after the |
| ated November | 25 | 2024 | | |
| \rightarrow | 1/6 | d- | | |
| | Signature of a r | member or authorized repr | esculative of a member | · |
| | | DAMIAN RODRIGUI | Z | |