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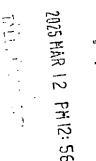
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COVER LETTER

	Registration S Division of Co					
SUBJEC [*]	T	ctrum LLC				
SOBJEC	Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please reti	urn all corresp	ondence concerning this matter	to the following:			
		Arjun Mahadevan				
			Name of Person		-1	
		Distributed Inc.			2025 HAR 12	
			Firm/Company		AR AR	
		115 West 27th Street #10F	t .		12 P	
			Address			
		NY, NY 10001			PH 12: 56	
			City/State and Zip Code		;	
		filings@doola.com				
		E-mail address: (to be used for future annual report not	ification)		
For furthe	r information	concerning this matter, please c	all:			
Arjun Ma	hadevan		551 273 2773 at ()			
	Name	of Person		ne Telephone Number		
Enclosed i	s a check for t	the following amount:				
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 8	10		

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sauna Spectrum 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 Liability Company were filed on 01/02/2025 Florida document number L25000003428 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6303 Waterford District Drive, Suite 400 Enter new principal offices address, if applicable: Miami, FL 33126 (Principal office address MUST BE A STREET ADDRESS) 6303 Waterford District Drive, Suite 400 Enter new mailing address, if applicable: Miami, FL 33126 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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
AMBR	Craig Mitchell	6303 Waterford District Drive, Suite 400	🗆 🛆 dd
		Miami, FL 33126	□Remove
			■ Change
MGR	Craig Mitchell	6303 Waterford District Drive, Suite 400	
		Miami, FL 33126	□Remove
			□Add
			□Remove
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be p	prior to date of filit	ng or more than 90	(optional) days after filing.)	Pursuant to 6	505.020
ote: If the date inserted in this block does not meet the ap ocument's effective date on the Department of State's reco		y filing requiren	nents, this date	will not be I	isted as
record specifies a delayed effective date, but not an effective	ve time, at 12:01	a.m. on the ear	lier of: (b) The	e 90th day a	fter the
is filed.					
January 02 2025					
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	$A \cdot A$.				
Signature of a member or a	- Mahre				