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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

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

| Fmail | Address: | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **LUMINATE 1400FT LLC**

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2925 JUL - 1 PM 4: 16

Luminate 1400FT 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 $\frac{06/247}{2}$ | 2025 | and assigned |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------|---------------------------------------|
| Florida document number L25000281639 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company." the design | nation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | - |
| Enter new mailing address, if applicable: | | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our recor | rds, <u>enter the name</u> | of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Emer Florida s | treet address | |
| | | , Florida | |
| | Сиу | | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my provided for in Chap | duties, and I am fa pter 605, F.S. Or, ij | miliar with and f this document is |
| If Chan | ging Registered Agent, | Signature of New Regi | stered 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

| Title | <u>Name</u> | Address | Type of Action |
|-------------|-------------|----------------------------------------------|----------------|
| MGR | Yi Sun | 17301 Biscayne Blvd PH2 Aventura FL 33160 US | ≣ Add |
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| ctive date, if other than t | e date of filing: | (optional) |
| effective date is listed, the date it | ust be specific and cannot be prior to date of filing | or more than 90 days after filing.) Pursuant to 605,020 |
| e: If the date inserted in this ument's effective date on the | block does not meet the applicable statutory. Department of State's records. | filing requirements, this date will not be listed as |
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| cord specifies a delayed effect filed. | ive date, but not an effective time, at 12:01 a | .m. on the earlier of: (b) The 90th day after the |
| July 1st | 2025 | |
| | /s/: Brandi Phillips | |
| | | |

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