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**LEB 03 2022** 

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TOTTRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on	the records of the F	lorida Department o	f
State: Raytheon Porter Holdings, LLC			<del></del>
Enter new principal office address, if applicable:	·		
(Principal office unidress MUST BE A STREET ADDRESS) ———————————————————————————————————			
Enter new mailing address, if applicable:  (Mailing address  MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited liabili	ty company is: M21	000012104	
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 9/14/20	21		
SECTION II (5-9 complete only the applicable char	nges)		
5. New name of the limited hability company: Azale (must co	a Porter Holdings, LI	.C	C 1 1 C 2)
(must co	ntain "Limited Liabi	iity.Company, " "L.	Lic., on sile.
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or management contain "Limited Liability Company," "L.L.C."	ng members adoptin	acting business in F ag the alternate name	: The alternate name
			교 교
6. If amending the registered agent and/or registered of registered agent and/or the new registered office addresses.	fficer address on our ss here:	records, enter the n	ame of the now ປາ
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			<del></del>
	Enter	Florida Street Addi	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper and accept the obligations of my position as registered document is being filed to merely reflect a change in thability company has been notified in writing of this desired the company has been notified in writing of this desired.	ered Agent: nd agree to act in thi l complete performa d agent as provided i he registered office o	nce of my duties, and for in Chapter 605. I	t i um jamtitar with F.S. Or, if this
If Chan	ging Registered Age	nt, Signature of Nev	v Registered Agent

. If the amendment of	hanges person, title or capacity in acc	cordance with 605.0902 (1)(e), indi	cate that change:
itle/Capacity	Name	Address	Type of Action
<del></del>			□Add.
			□Rcmov
			□Aḍd,
			□Remov
			□Add
			☐Remov
	······································		DAdd
			□Remov
			□Add
eforementioned, an	Scate, if required: no more than 90 d cendment(s), duly authenticated by the law of which this entity is organi	he official having custody of record	☐Remov
	Signature of the	e authorized representative	

Filing Fee: \$25,00

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# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AZALEA PORTER HOLDINGS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AZALEA PORTER HOLDINGS, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202497032

Date: 01-26-22

6126057 8300 SR# 20220264832