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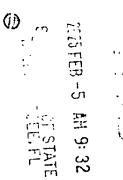
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COVER LETTER

TO:	Registration Section Division of Corporations		
C1'D I	Structured LLC		
2019	Name of Limited Liability Company		
The e	enclosed Articles of Amendment and fee(s) are submitted for filing.		
Pleas	se return all correspondence concerning this matter to the following:		
	Phillip M. Krause		
	Mame of Person Structured LLC Firm/Company		
	401 E (A) OLAS T3 LVD. STE 130-454		
	Fore T LAUDENDAUZ FL 33301 City/State and Zip Code Phile Structured IIC. Com E-mail address: (to be used for future annual report notification) (1)		
	E-mail address: (to be used for future annual report notification)		
For fi	further information concerning this matter, please call:	THE STATE OF THE S	
Ph	E-mail address: (to be used for future annual report notification) (4) Further information concerning this matter, please call: 111	8-5 M 9	
	losed is a check for the following amount:	: 32 TATE FL	
	25.00 Filing Fee Sol.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Cortified Co	ng Fee, of Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stru	ictureal uc
(Name of the Limited Liability (A Florida	v Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on August 31, 201 and assigned
Florida document number (21000388935)	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	(A) (B)
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	FA 3
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zıp Code

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

Title	Name	Address	Type of Action
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			□Remove
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	layed effective date.	but not an e	ffective time	z, at 12:01 a.	m. on the earli	er of: (b) Tl	ne 90th day after
s filed.							
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Filing Fee: \$25.00