4/14/2021

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To:

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

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

Email Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SKYWAY GROUP PRIVATE EQUITY, LLC

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M. SOLOMON

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Help

From: James Tanks III

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

SECTION I (1-4 must be completed)

1. Name of limited flubility Company as it appears on the records of the Florida Department of
State: Skyway Group Private Equity, LLC
Enter new principal office address, if applicable:
(Principal office address 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 liability company is: M17000000765
3. Jurisdiction of its organization: Detaware 4. Date authorized to do business in Florida: 1/26/2017
3. Jurisdiction of its organization:
4. Date authorized to do business in Florida: 1/26/2017
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: SCP & Companies, LLC (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.") 6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or tipe new registered office address here:
Name of New Registered Agent;
New Registered Office Address:
Enter Florida Street Address
Florida
City Zip Code
New Registered Agent's Signature, Wichanging Registered Agent: Thereby 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 duries, 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. Thereby confirm that the limited

liability company has been notified in writing of this change.

. If the amendment	changes person, title or capacity in acco	rdance with 605,0902 (1)(e), indicate the	it change:
itle/ Capacity	Name	Addicess	Type of Action
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morementions a	ificate, if required; no more than 90 day mendment(s), duly authenticated by the the law of which this entity is organize	official basing guestady of records in the	□Remove
, an annual		authorized representative	
	Kyla Sahrooder, Principal		

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<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'SKYWAY GROUP PRIVATE

EQUITY, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO 'SCP & COMPANIES, LLC' ON THE TWENTIETH DAY OF AUGUST,

A.D. 2020, AT 2:12 O'CLOCK P.M.



Authentication: 202961052

Date: 04-13-21

6014735 8320 SR# 20211285371