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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE FAULKNER FIRM, P.A.

Account Number : I20150000064 Phone : (727)781-7428

: (727)502-6064 Fax Number

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

debbie@thefaulknerfirm.com Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SD PRODUCT GROUP LLC

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M. SOLOMON

MAY 3 1 2024

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Help

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To:

ARTICLES OF AMENDMENT TO A ARTICLES OF ORGANIZATION OF

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SD PRODUCT GROUP LLC			
(Name of the Lim	ited Linbility Company as it now appe (A Florida Limited Liability Company	ears on our records.)	
he Articles of Organization for this Limited I lorida document number L12000012674	Liability Company were filed on _	01/26/2012	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," tho	e designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		7.73
Principal office address MUST BE A STRE.	ET ADDRESS)		
······································			MAY BI PH 2:4
			31
: Inter new mailing address, if applicable:			ांनु नु
Mailing address MAY BE A POST OFFICE		55 13	
Muning address may be a rost of ree			- 5
 If amending the registered agent and/or gent and/or the new registered office addre 		records, <u>enter the i</u>	пяте of the new regist
Name of New Registered Agent:	DEBRA A. FAULKNER	. 	
New Registered Office Address:	4056 TAMPA ROAD		
	Enter F	lorida street address	
			24677
	OLDSMAR	, Florida	1 24071

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

From: Debbie Faulkner

Fax: 17279394900

To:

Fax: (850) 617-6383

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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 (((H24000191555 3)))

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DAVID STANSEL	7355 138TH STREET	□Add
		SEMINOLE, FL 33776	≡ Remove
			□Change
MGR	DEBRA A. FAULKNER	4056 TAMPA ROAD	■Add
		OLDSMAR, FL 34677	□Remove
			OChanges
	· · · · · · · · · · · · · · · · · · ·		OST Remove
			Remove
			
			□Add
			Change
			□Add
			Remove
(((H24000191	(555 3)))		□ Change

To:

Fax: (850) 617-6383

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f an effect <u>Note:</u> If Iocumen	ive date is listed, the date must be the date inserted in this block t's effective date on the Depar		ling or more than 90 days after filing.) P ory filing requirements, this date wi	ill not be listed as th
record s d is filed		te, but not an effective time, at 12:0	II a.m. on the earlier of: (b) The ⁽	10th day after the
	MAY 29	2024		
Dated		- 7 7 7 7 G G G G T 1 F 7 S		

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