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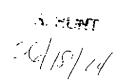
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Thank you!

DocuSign Envelope ID: 2971566A-C5B2-49AA-9637-8AC6B653810E **COVER LETTER** TO: Registration Section **Division of Corporations** Mid-State SMS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ARIEL VEYTSMAN Name of Person McDermott Will & Emery LLP Firm/Company 2501 North Harwood Street, Suite 1900 Address Dallas, TX 75201 City/State and Zip Code aveytsman@mwe.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Betty Brito Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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

company has been notified in writing of this change.

DocuSign Envelope ID: 2971566A-C5B2-49AA-9637-8AC6B653810E **ARTICLES OF AMENDMENT** TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears nited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L12000014776</u> .	pany were filed on 01/2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :
N/A		
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:	N/A	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		, ·
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		cords, enter the name of the new regists
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and		
provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agen		

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 2971566A-C5B2-49AA-9637-8AC6B653810E in amending Authorized rerson(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	David M. Filipowski	2730 MINE & MILL RD.	DAdd
		LAKELAND, FL 33801	■Remove
			□Change
MGR	Shawn Toney	2730 MINE & MILL RD.	\ _Add
		LAKELAND, FL 33801	■Remove
			□Change
Officer	David M. Filipowski	2730 MINE & MILL RD.	■Add
		LAKELAND, FL 33801	□Remove
Officer	Shawn Toney	2730 MINE & MILL RD.	
		LAKELAND, FL 33801	
			Change
			Remove
			Change
			□Remove
			□Change

If amending any other infor		a-1-7		,		
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Effective date, if other than It an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and ca s block does not mee	nnot be prior to at the applicab	date of filing or de statutory fili	nore than 90 days	optional) after filing.) P s, this date w	tursuant to 605.0207 ill not be listed as
e record specifies a delayed efford is filed.	ctive date, but not an	effective tim	e, at 12:01 a.m	on the earlier o	of: (b) The '	90th day after the
Dated	·	2024				
		DocuSi				
	Signature of a me	אנגעל Sliwa mber or authori	n Toney Zettrepresentativ	re of a member	 .	_
	-					
		Shawn	name of signee			

Filing Fee: \$25.00