Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SRQ PROPERTY LAW
Account Number : I20180000050
Phone : (941)479-8500
Fax Number : (941)479-8501

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

| Email 1 | Address: | | | |
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| tmall | Address: | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SRQ PROPERTY LAW, PLLC

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K. SALY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/18/2016 | FLORIO |
|--|---------------------------|
| | |
| Florida document number L16000134452 | and assigned |
| | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| Lawrence Advisory, PLLC | |
| he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u> </u> |
| Principal office address MUST BE A STREET ADDRESS) | <u> </u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the | |
| ngent and/or the new registered office address here: | |
| Name of New Registered Agent: | |
| New Registered Office Address: Enter Florida street address | |
| | |
| , Florid | a Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | ειρ τομε |

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 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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| Effective date, if other than the date of filing: (Optional) (If an effective date, if other than the date of filing: (Optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the cord is filed. Dated July 18 2022 Signature of a member or authorized representative of a member Richard Lowrence, Manager | | | |
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| Richard Lawrence, Manager | - | Signature of a member or authorized representative | of a member |
| | Richard Lawrence, Mar | ager | |

Filing Fee: \$25.00