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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

ä

: THE LAW OFFICES OF NICK SPRADLIN PLLC Account Name

Account Number : 120070000020 Phone

: (813)435-3176

Fax Number

: (813)333-6358

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAMURAI FIREWORKS LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

NICK SPRADLIN

| SAMURAI FIREWORKS LLC | | |
|--|---|--|
| (Name of the Limit | ed Liability Company as it now appe (A Florida Limited Liability Company | () |
| The Articles of Organization for this Limited L Florida document number L16000214290 | iability Company were filed on | 11/23/2016 and assigned |
| his amendment is submitted to amend the following | owing: | |
| A. If amending name, enter the new name o | | |
| he new name must be distinguishable and contain the v | words "Limited Liability Company," the | e designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | cable: | U : 1 2 |
| Principal office address MUST BE A STREE | | <u> </u> |
| | | |
| Enter new mailing address, if applicable: | | |
| Malling address MAY BE A POST OFFICE | BOX) | |
| B. If amending the registered agent and/or agent and/or agent and/or the new registered office addro | registered office address on our | r records, enter the name of the new registe |
| Name of New Registered Agent: | THE LAW OFFICES OF NIC | CK SPRADLIN, PLLC |
| New Registered Office Address: | 2202 N. WEST SHORE BLV | /D. #200 |
| New Registered Office Address. | Enter l | Florida street address |
| | TAMPA | , Florida 33607 |
| | City | Zip Coste |

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:

| | Manager |
|--------|-------------------|
| AMBR = | Authorized Member |

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-------------|---------|---------------------|
| | | | □Add |
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| U.S. | Signature of a member or authorized re | average of a member | |
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| is filed. | | | |
| | e date, but not an effective time, at | 2:01 a.m. on the earlier of: (b) | The 90th day after |
| ocument's effective date on the D | epartment organic a records. | | |
| Note: If the date inserted in this bl | ock does not meet the applicable sta | tutory filing requirements, this | date will not be liste |
| ffective date, if other than the | date of filing: | (option | nal) |
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