

UNOUB6557

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH, LLP - JACKSONVILLE
Account Number : I20130000058
Phone : (904) 665-3631
Fax Number : (904) 665-3641

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

Email Address: kelly.dunn@nelsonmullins.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SRT SUPPLY, LLC

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TALLAHASSEE, FLORIDA

APR 05 2017

S. YOUNG

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SRT SUPPLY, LLC

(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 March 28, 2017 and assigned Florida document number L17000068857

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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:

(Principal office address MUST BE A STREET ADDRESS)

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NELSON MULLINS RILEY & SCARBOROUGH, L.L.P.

New Registered Office Address:

ATTN: KELLY E. DUNN, 50 N. LAURA STREET, 41ST FLOOR

Enter Florida street address

JACKSONVILLE

Florida

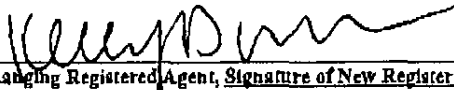
32202

City

Zip Code

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
By KELLY E. DUNN, AUTHORIZED REPRESENTATIVE

FILED
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STATE
TALLAHASSEE
FLORIDA
17 APR -4 PM 9:00

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	OSPREY FEDERAL, LLC	50 N. LAURA STREET, 41ST FL	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

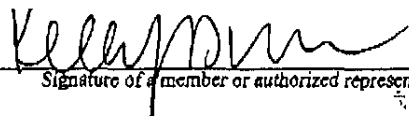
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.007 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated APRIL 4, 2017



Signature of a member or authorized representative of a member

KELLY E. DUNN, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

77 APR 4 AM 9:00
SECRETARY OF STATE
MAIL ROOM ASSESS. FLOOR 1000