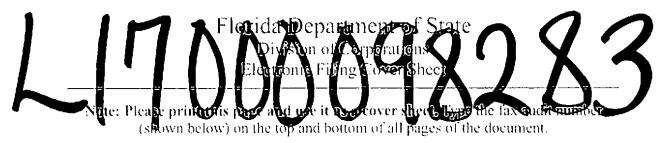
Division of Corporations



(((H24000281479 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZAR冠之

Account Number : 076077001702

Phone : (407)841-1200

Fax Number

: (407)423-1831

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

Email Address:_____Kim.Varnado@exolimited.com

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(((H24000281479 3)))

pany as it now appears on our records.) I Liability Company)	
(Liability Company)	
y were filed on May 3, 2017	and assigned
bility company here:	
bility Company," the designation "L1.C" or the	abbreviation "L.L.C."
3319 Maguire Blvd., Suite 130	
Ortando, FL 32803	202
	# AUG
3208 E. Colonial Drive, #228	22 SSET
Orlando, FL 32803	T R
	I:2
address on our records, enter the na	me of the new registered
Blvd., Suite 130	
Enter Florida street address	
, Florida _	32803
City	Zıp Code
	Orlando, FL 32803 3208 E. Colonial Drive. #228 Orlando, FL 32803 address on our records, enter the na Blvd., Suite 130 Enter Florida street address , Florida

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

To

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records: (((H24000281479 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BULLARD, JASON	3319 Maguire Blvd., Suite 130	□Add
		Orlando, FL 32803	□Remove
P/MGR	MANOR, JUSTIN R.	4776 New Broad Street, Suite 100	□ Add
		Orlando, Ft. 32814	■Remove
		<u></u>	[] [] [] [] [] [] [] [] [] [] [] [] []
VP	ALEXANDER, BRADLEY H.	4776 New Broad Street, Suite 100	Change 2024 AUG
		Orlando, F1, 32814	SST 22
			□Remove
			☐ Change
			□Add
			☐Remove
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			□Remove
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*Fax: +14072329822

To.

N/A	e: (Attach additional sheets, if necessary.)
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ive date, if other than the date of filing:	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 605.020
If the date inserted in this block does not meet the applicant's effective date on the Department of State's records	cable statutory fitting requirements, this date will not be used a
icht's effective date of the Department of State 5 teessos	•
d specifies a delayed effective date, but not an effective t	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after th
led.	,
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AUGUST 215T 2024	
X Signature of a memore of 35th	prized representative of a member