L17000 105530

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| - PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



600329060536

05/09/19--01021--027 **50.00

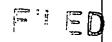
C. GOLDEN MAY 22 2019

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: SIO2 INVESTMENT GROU | P, LLC |
| (Name of Lim | ited Liability Company) |
| The enclosed member, resignation or dissoci | ation and fee(s) are submitted for filing. |
| Please return all correspondence concerning | this matter to: |
| MARCUS A. ROGERS, ESQ | |
| (Contact Person) | |
| LAW OFFICES OF MARCUS A. ROGER | RS, PA |
| (Firm/Company) | |
| 725 COMMERCE CENTER DRIVE STE | . A |
| (Address) | |
| SEBASTIAN, FL 32958 | |
| (City/State and Zip Code) | |
| For further information concerning this matter | er, please call: |
| MARCUS A. ROGERS | 772 713-5407 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to \$25 Filing Fee | o the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | |

CR2E079 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 MAY - 9 AM 11: 14

SIO2 INVSESTMENT GROUP, 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 May 12, 2017 _ and assigned Florida document number L17000105530 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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: New Registered Office Address: Enter Florida street address _. Florida j

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.

Cuv

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 add | ęd |
|--|-----------|----|
| or removed from our records: | | Г |

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------------------|---|----------------|
| MGR | The Daniel I. Preuss Trust U/A/D | | |
| <u></u> | | | |
| | | 606 Dahlia Lane Vero Beach, FL 32963 | ■ Remove |
| | | | □ Change |
| | | | |
| • | | | Remove |
| - | | | Change |
| | | | Add |
| | | | Remove |
| | | | □ Change |
| | | | |
| | | | □ Remove |
| | | | □ Change |
| | | | □ Add |
| | | - | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | 🗆 Remove |
| | | | Change |

| _ | ``\A | | | | <u>_</u> |
|---------|--|---------------------------|--|--|-----------------------------|
| - | | | | | |
| - | | | | | |
| _ | | | | | |
| | | | | | |
| _ | | | | | |
| = | | | | | |
| - | | | | <u>.</u> | |
| - | | | | | |
| _ | <u> </u> | | | | |
| _ | | | | | |
| | | | <u> </u> | | |
| _ | | | | | |
| _ | | | | | |
| _ | | | · | | |
| _ | | | | | . |
| _ | | | | | . |
| _ | | | | | |
| | | | | | |
| Effecti | ve date, if other than the date of | filing: MAY 1ST 2019 | | (optional) | |
| Note: | ctive date is listed, the date must be specif if the date inserted in this block does | not meet the applicable | ite of filing or more than 9 statutory filing require |) days after filing.) Pursua nents, this date will no | nt to 605.03 t be listed |
| docum | ent's effective date on the Departmen | it of State's records. | | | |
| ne rec | ord specifies a delayed effecti | ive date, but not ar | n effective time, at | 12:01 a.m. on the | e earlier |
| The | 90th day after the record is fi | iled. | · | | |
| | 5/1/2019 | | | | |
| Dated | —————————————————————————————————————— | | | | |
| Dated _ | 1 1 | | | | |
| Dated _ | Minister of | of a member or authorized | | | |

Page 3 of 3

Filing Fee: \$25.00