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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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SECRETARY OF STATE BYSSON - CUPT ORATION

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COVER LETTER

| Div | ision of Corp | porations | | | | |
|----------------|----------------------|---|---|---|----------------|-----------|
| SUBJECT: | Accelevant | Holdings, LLC | | | | |
| SOBJECT. | | Name of Lim | ited Liability Company | | | |
| The enclosed | l Articles of 2 | Amendment and fee(s) are sub- | mitted for tiling. | | | |
| Please return | all correspon | ndence concerning this matter | to the following: | | | |
| | | Jon Weis | | | | |
| | | . | Name of Person | | | |
| | | | Firm/Company | | | |
| | 1301 6th Avenue West | | | | | |
| | | Bradenton, FL 34205 | Address | | | |
| | | | City/State and Zip Code | | | |
| | | jweis@sunzinsurance.com | | | | |
| For further in | nformation co | E-mail address: (to oncorning this matter, please ca | o be used for future annual report notifi all: | cation) | 19 OCT | |
| Jon Weis | | | 941 306-3077 at () | | z o | |
| | Name of | | at () Area Code Daytime | Telephone Number | M 9: 50 | |
| | | e following amount: | | | _ | 77. 53 |
| ■ \$25,00 F | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Stat Certified Copy tadditional copy is end | | |

MAILING ADDRESS:

Registration Section

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Co. The state of t Accelevant Holdings, 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 $\frac{6/27/2018}{2}$ and assigned Florida document number 4.18000165419 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: New Registered Office Address: Enter Florida street address

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------|----------------------|----------------|
| AMBR | Steven Herrig | 1301 6th Avenue West | |
| | | Bradenton, FL 34205 | Add |
| | | | Remove |
| | | | ■ Change |
| MGR | Jeffrey Vaughn | 1301 6th Avenue West | |
| | | Bradenton, FL 34205 | |
| | | | Remove |
| | | | ☐ Change |
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| ective date, i | if other than the date | e of filing: | | (opt | ional) | |
| effective date i <u>e:</u> If the date | is listed, the date must be seeinscreed in this block of the Depart | specific and cannot be p does not meet the ap | prior to date of filing o plicable statutory fi | more than 90 days afte | r filing.) Pursuant to 605 | 5,020° ed as |
| | cifies a delayed eff y after the record | | not an effective | e time, at 12:01 | a.m. on the earli | er o |
| ed Oct | roba N th | 2019 | . / | _ | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00