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18 OCT -4 PM 5: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Svit Enterprises (Name of the Limited Liability Con (A Florida Limite	LLC	
(Name of the Limited Liability Con (A Florida Limite	openy as it now appears on our recor- ed Liability Company)	<u>&.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 1800019283</u> 7	any were filed on $08/13/6$	2018 _ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
	7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	(" or the abbreniation " ("
The new name must be distinguishable and contain the words "Limited Li	aniniy Company, the designation 12.	C to the according to the control of
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	- 0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PILED SIATE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address i	i office address on our recon <u>bere</u> :	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	SZZ
	Car .	Florida 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

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 = Ma $AMBR = Au$	mager thorized Member					
<u>Title</u>	<u>Name</u>		Address			Type of Action
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tive date, if other than the date of filing: [flective date is listed, the date must be specific and cannot be prior to date of filing of	
If the date inserted in this block does not meet the applicable statutory finent's effective date on the Department of State's records.	ning requirements, this date will not be listed a
cord specifies a delayed effective date, but not an effective 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier of
October 1st 2018	
October 1st 2018.	

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Typed or printed name of signee

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