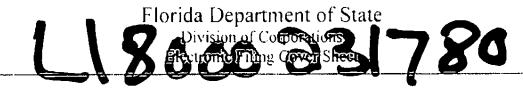
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC Account Number : 120070000159 Phone : (239)777-1028 Fax Number : (877)275-3593

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

Email Address: SUPPORT@LICENSESETC.COM

2022 SEP 26 PM 2: 10 1

From: Licenses Etc.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOULE' CONSTRUCTION LLC

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COVER LETTER

(((H22000332160 3)))

Division of (i Section Corporations		,			
DID DAY	SOULE CONSTRUCTION	N LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
	spondence concerning this matter					
	LISA ADAMS					
		Name of Person				
	LICENSES, ETC., INC.					
		Firm/Company				
	27911 CROWN LAKE BI	LVD., SUITE #211				
		Address				
	BONITA SPRINGS, FL 3	4135				
		City/State and Zip Code				
	SUPPORT@LICENSESET					
	E-mail address: (to be used for future annual report no	stification)			
For further information	on concerning this matter, please c	all:				
LISA ADAMS		239 777-1028 at ()				
Nai	ne of Person	Area Code Dayti	me Telephone Number			
Enclosed is a check for	or the following amount:					
■ \$25.00 Filing Fed	e ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)			
MailingAdo		StreetAddress:	action			
Registration of Division of Control of Contr	on Section of Corporations	Registration Section Division of Corporations				
P.O. Box (6327	The Centre of	Tallahassee			
Tallahasse	e. FL 32314	2415 N. Monroe Street, Suite 810				

(((H22000332160 3)))

Tallahassee, FL 32303

Page: 5 of 7

From; Licenses Etc.

(((H22000332160 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited		
	<u>ny as it now apacars on ou</u> Jability Company)	r records.)
The Articles of Organization for this Limited Liability Company	were filed on 10/01/201	8 and assigned
Florida document number L18000231780		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
SCMG, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designati	on "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:		
	Enter Florida stre	
Name of New Registered Agent:	Enter Florida stre	et address
Name of New Registered Agent:	Enter Florida stre	et address
Name of New Registered Agent: New Registered Office Address:	Enter Florida stre	
Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:	Enter Florida stre City	et address Florida Zip Code
New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as f	Enter Floridastre City ee to act in this capact performance of my du provided for in Chapte	etaddress, Florida ZipCode ity, I further agree to comply with the attes, and I am familiar with and r 605, F.S. Or, if this document is
New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	Enter Floridastre City ee to act in this capact performance of my du provided for in Chapte	etaddress, Florida ZipCode ity, I further agree to comply with the attes, and I am familiar with and r 605, F.S. Or, if this document is
New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as f	Enter Floridastre City ee to act in this capact performance of my du provided for in Chapte	etaddress, Florida ZipCode ity, I further agree to comply with the attes, and I am familiar with and r 605, F.S. Or, if this document is
New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	Enter Floridastre City ee to act in this capact performance of my du provided for in Chapte	etaddress, Florida ZipCode ity, I further agree to comply with the attes, and I am familiar with and r 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page: 6 of 7

To: Sunbiz LLC Amendment

MGR = Manager

2022-09-26 19.45:22 GMT

From: Licenses Etc.

(((H22000332160 3)))

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

AMBR = Authorized Member Type of Action Address Title Name _____ □Remove □Remove _____ □Remove ______ Change _____ □Remove _____ Change □Remove

_____ □Change

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