From: Ranae McGraw

Division of Corporations

## 11/17/2020

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.

(((H20000397557 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

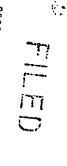
Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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

1	Address:			
-mail	ADDEPSS:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FGH REGISTERED AGENT SERVICES, LLC

Certificate of Status	0
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From: Ranae McGraw

## DocuSign Envelope ID: 0667F883-F3D5-4383-9C5F-FBFC5AC74055 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2020-11-17 14:49:06 CST

FGH REGISTERED AGENT SERVICES,	•					
(Name of the Limited Liab (A Flori	ida Limited L	ny as it now ar iability Compa	ppears on our records.	)	<del></del>	
The Articles of Organization for this Limited Liability Florida document number <u>L18000261228</u>	· Company	were filed or	November 7, 2018	aı	nd assigned	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the li	mited liab	ility compan	y here:			
N/A		<del> </del>		11 11 2		
The new name must be distinguishable and contain the words "L	imited Liabil	ity Company,"	the designation "LLC"	or the abbreviat	ion "L.L.C."	
Enter new principal offices address, if applicable:		N/A	<u></u>			5.5
(Principal office address MUST BE A STREET ADI	<u>DRESS)</u>				20   K	J
		276		ز 	~ [	
Enter new mailing address, if applicable:		N/A				
(Mailing address MAY BE A POST OFFICE BOX)				7-11	5	
					<del></del>	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office a	address on o	ur records, <u>enter t</u>	<u>lie name of t</u>	he new registe	<u>red</u>
Name of New Registered Agent: N//	١			<del></del>	·	
New Registered Office Address:		Ente	r Florida street culdress			•
			Flor	rida		
<del></del>		City		rida Zip	Code	•
New Registered Agent's Signature, if changing Registe	ered Agent:					
I hereby accept the appointment as registered age, provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	d complete I agent as j ered office	performand provided for	e of my duties, and in Chapter 605, F	d I am famili S.S. Or, if thi	iar with and s document is	the

If Changing Registered Agent, Signature of New Registered Agent

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If afficienting Authorized rerson(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>	Name	Address	Type of Action
	N/A		□Add
			□ Remove
			☐ Change
			□Add
		<u> </u>	□Remove
			Change
			200 TO TO THE TOTAL TO THE TOTA
			□Change
			□Change □
			□Remove
			□Change
			□Remove
			□Add
			□Remove

Change

. Page: 5 of 5

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The number of authorized units	s of the company is: 100	
2. The forevoine amendment w	was approved by the Members of the Company, in accordance with the	
	Company Operating Agreement.	
Company's Enfined Elabarry Co	Journal Operating Agreement.	
		2020 HO ' 1 7 AM 9:
	·	= =
		- <u>5</u>
		<u>.</u>
2: If the date inserted in this bloc	date of filing:	Pursuant to 60 vill not be lis
·		90th day aft
	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The	
ord specifies a delayed effective	2020	
ord specifies a delayed effective of filed  November 10		