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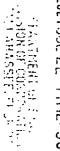
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Co	rporations				
	TIC OF NASHVILLE, LLC				
SUBJECT:	Name of Lim	ited Liability Company			20
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		SSVHV (1) ASSVHV (1) MUSCH	2024 JUL 22
Please return all corresp	ondence concerning this matter				PM 12: 30
		Stephany A. Hulstrom Name of Person		<u> </u>	30
		Johns Lyng USA			
Firm/Company					
	14142 1	DENVER WEST PKWY STE 19	0		
		Address			
		LAKEWOOD, CO 80401			
		City/State and Zip Code			
	-	hany.Hulstrom@johnslyng.com		_	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	otrfication)		
Stephany A. Hulstrom		720 827-8367		•	
Name	of Person	Area Code Dayti	me Telephone Nun	nber	•
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certit) Filing Fe ficate of St fied Copy onal copy is	tatus &
Mailing Addre Registration Division of C P.O. Box 63:	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations		

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 PM 12:

STEAMATIC OF NASHVILLE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

0

The Articles of Organization for this Limited Liability Company	y were filed on 12/18/2019	and assigned
Florida document number L19000305346		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	C" 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 agent and/or the new registered office address here:	address on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	88
	, Fl	lorida
	City	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 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
CEO	TYSON BARBER	14142 DENVER WEST PKWY STE 190 LAKEWO	OO £ ≣Add
			□Remove
			□Change
CFO	MITCHELL HANNON	L HANNON 14142 DENVER WEST PKWY STE 190 LAKE	OO _ ₹ ≣ Add
			□Remove
			□Change
CSO	ALISON KRONEBUSCH	14142 DENVER WEST PKWY STE 190 LAKEWO	OO _ ∄ ≣Add
			□Remove
			□Change
PRESIDE	BRENT ADAMCZYK	14142 DENVER WEST PKWY STE 190 LAKEWO	T PKWY STE 190 LAKEWOO ■ ■ Add
			Remove
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e: If the date inserted in this l	e date of filing: ast be specific and cannot be prior to block does not meet the applicat Department of State's records.	o date of filing or more the ole statutory filing requ	(optional) an 90 days after filing.) Pur uirements, this date will	suant to 605.020 not be listed a
cord specifies a delayed effect s filed.	ve date, but not an effective tim	ne, at 12:01 a.m. on the	e earlier of: (b) The 90	th day after the
JULY 16	. 2024	//		