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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: Swited Technologies, LLC Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	EDWARD CAMPBELL
	Suited Technologies, LLC Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filing. Forrespondence concerning this matter to the following: Eoward Campbell Name of Person Suited Technologies, LLC Firm/Company Address Long boat Key FL 3428 City/Slate and Ap Code Parall address: (to be used for future annual report notification) nation concerning this matter, please call: Email address: (to be used for future annual report notification) Area Code Daytine Telephone Number ck for the following amount: g Fee S30.00 Filing Fee & Certified Copy Certificate of Status Certificate of Status Certificate Copy Certificate Copy Certificate Copy Certificate Copy Certificate Copy Certificate Copy
For fu	rther information concerning this matter, please call:
Enclos	sed is a check for the following amount:
X 52	Certificate of Status Certified Copy Certificate of Status &

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF Suited to chaplasies LIC

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our real Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compan Florida document number L 2000 D 11 9 5 9 3.	y were filed on	L 3030 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		021
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		0.0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
New Registered Office Address:	Enter Florida street a	, FloridaZip Code

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 = Manager AMBR = Authorized Member Title Name **Address Type of Action** ERIC GERSHANDAUM 2850 GULF OF MEXICO DANGE MGR JAMIE BIFUICO 2850 GUF OF MERICO DANS □Remove ____ □Change □Add □Remove □Add Remove

Page 2 of 3

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if an effectiv Note: If th	ve date is listed, the date he date inserted in thi	the date of filing: December 3 must be specific and cannot be prior to date of filing s block does not meet the applicable statutory e Department of State's records.	1,2020 (optional) or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
	d specifies a dela th day after the		ve time, at 12:01 a.m. on the earlier of
Dated	SA-WARY-	7 2021	
		Signature of a member or authorized representa-	ative of a member