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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SURFACE ARMAL SOLUTIONS (Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.)
The Articles of Organization for this Limited Liability Company were fil Florida document number $____]OOOO[97]3$	ed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	n <u>pany here</u> :
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "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:	2
(Mailing address MAY BE A POST OFFICE BOX)	·•-

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	Sam Ambeore	
New Registered Office Address:	SIINW 73ed	Aberve
	Enter Florida	street address
	PICAteton	Florida <u>33317</u>
	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 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 1

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<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
AMBR	Sam Ambeok	BIJ AW 73PE ALGUE 3	3317 RAU
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ____

(optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

August 16, Dated Signature of a member of authorized representative of a member 1641 S. Mbeele Typed or printed name of signee Mbl

August 16, 2021

Florida Department of State Division of Corporations PO BOX 6327 Tallahassee FL 32314

Thank you for responding to my request. I apologize for not signing the form on the last page as an authorized agent. As I am an authorized agent of this corporation I have signed it in the proper spot and am now returning it to you so you may proceed with the change. I see that the State has already deposited the check I sent originally to pay for this change.

Should you need anything further, please call me at 954.448.3613 or email me at <u>sambrose@SurfaceArmourSolutions.com</u>.

Sincerely \$amuél S. Ambrose