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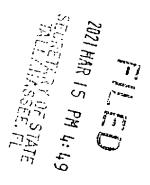
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Division of C | | | | | |
|--------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------|-----|
| McGrath | LLC | • | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all corres | pondence concerning this matter | to the following: | | | |
| | Daniel McGrath | | | | |
| | | Name of Person | | | |
| | McGrath LLC | | (n | 2(| |
| | | Firm/Company | | 2021 H | 9 1 |
| | 14038 Lake Live Oak dr | | | MAR 15 | |
| | | Address | 100 | | jij |
| | Orladno FL, 32828 | | (M) | 64 :th Wd | |
| | mcgrthdnl@gmail.com | City/State and Zip Code | 产当 | 64 | |
| | E-mail address: (| to be used for future annual report notifi | ication) | | |
| For further information | n concerning this matter, please c | all: | | | |
| Daniel McGrath | | 910 581-5797 at () | | | |
| Nam | e of Person | | Telephone Number | | |
| Enclosed is a check fo | r the following amount: | | | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filin Certificate Certified C (additional co | of Statu opy | |
| P.O. Box 6 | n Section Corporations | Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL | oorations allahassee Street, Suite 81(|) | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liability Company</u>) (A Florida Limited Liab | as it now appears on our records.) | |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| The Articles of Organization for this Limited Liability Company we Florida document number | ere filed on 09-08-2020 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability | y company here: | |
| Daniel McGrath LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or the al | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u> </u> | 2021 |
| (Principal office address MUST BE A STREET ADDRESS) | | - |
| _ | | on i |
| Enter new mailing address, if applicable: | A SOUTH | P M |
| (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> | 5. |
| - | | |
| B. If amending the registered agent and/or registered office add agent and/or the new registered office address here: | dress on our records, <u>enter the nan</u> | ne of the new regi |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Con Clarita des della | |
| | Enter Florida street address | |
| | , Florida | 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> | Address | | Type of Action |
|--------------|-------------|-------------|--------------|----------------|
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| fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date | |
| ote: If the date inserted in this block does not meet the applicable socument's effective date on the Department of State's records. | statutory filing requirements, this date will not be listed a |
| | |
| record specifies a delayed effective date, but not an effective time, a is filed. | t 12:01 a.m. on the earlier of: (b) The 90th day after the |
| | |
| ated March 8 2021 | / // |
| | |

Typed or printed name of signee