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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer | |
| opeoid. Mosseciana te | Timing Officer. | |
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Office Use Only

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COVER LETTER

| TO: | Registration Sc Division of Cor | | 5. 11 | т. |
|---------------|--------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| | | sociates, LLC | | |
| SUBJE | :CI: | Name of Lim | ited Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | | Wajahat Khan | | |
| | | | Name of Person | |
| | | SKWK Associates, LLC | | |
| | | | Firm/Company | |
| | | 10006 Cross Creek Blvd, S | te 180 | |
| | | | Address | |
| | | Tampa, FL 33647 | | |
| | | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | | SKWKAssociatesLLC@GN | fail.com to be used for future annual report notifi | iention |
| For for | ther information c | oncerning this matter, please of | | Cattony |
| | at Khan | vinezi iling vine ilinatet, prense et | 813 417-1775 | |
| | Name o | d Person | at () Area Code Daytime | Telephone Number |
| Enclose | ed is a check for th | ne following amount: | | |
| ■ \$2. | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I | Section Corporations 27 | Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL | porations allahassee Street. Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKWK Associates, LLC

| (Name of the Limited Liability Co (A Florida Lim | ompany as it now appears iited Liability Company) | on our records.) | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------|---------------------------------------------|
| The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L20000362542}{L20000362542}$. | pany were filed on 11/1 | 6/2020 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company her | <u>e</u> : | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the des | signation "LLC" or the abl | previation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | | |
| | | | |
| Enter new mailing address, if applicable: | | _ | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent: | ice address on our rec | cords, <u>enter the name</u> | of the new register |
| | | | |
| New Registered Office Address: | Enter Florid | a street address | |
| | | Florida | |
| | City | , riorius | Zip Code |
| New Registered Agent's Signature, if changing Registered Ag | ent: | | ~ 9 |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaceept the obligations of my position as registered agent being filed to merely reflect a change in the registered of | lete performance of m as provided for in Ch | w duties, and I am fa apter 605, F.S. Or, i | mili ar with and if this document is |
| company has been notified in writing of this change. | | | A III |

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

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--------------|-----------------------------------|----------------|
| MGR | Arshad Firoz | 19046 Bruce B Downs Blvd, Ste 215 | = Add |
| | | Tampa, FL 33647 | Remove |
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| ctive date, if other than the | date of filing: | (op | tional): 🛌 |
| effective date is listed, the date must : If the date inserted in this bl | the specific and cannot be prior to date cock does not meet the applicable sta | of filing or more than 90 days aft atutory filing requirements, th | er filing:) Pursualit to 605. his date will not be liste |
| ment's effective date on the D | epartment of State's records. | | MAR |
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| | e date, but not an effective time, at 1 | 12:01 a.m. on the earlier of: | (b) The 90th day after |
| filed. | | | |
| | | | 11:35 |
| March 24th | 2021 | | (A) |
| March 24th | | | Ξ, |
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| d March 24th | · | presentative of a member | |

Filing Fee: \$25.00