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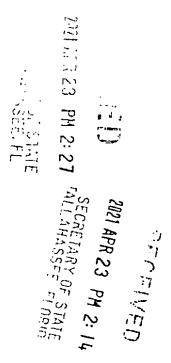
	(:ਵੋਦquestor's Name)
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COVER LETTER

Division of Corpo			
SUBJECT: 5/0	rm Song LL (Name of Limited	Liability Company	<u></u>
	nendment and fee(s) are submit lence concerning this matter to		
	Hugh	Name of Person	
		Firm/Company Addington Dri	
		Address Elavida City/State and Zip Code Zait (a) gm be used for future annual report notiti	•
	neerning this matter, please cal	H:	
Hay h	Nicho SON Person	at (<u>&30</u>) S Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 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 Section Division of Corporations P.O. Box 6327

Registration Section

ΓO:

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

Florida document number <u>L26000 375 993</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street uddress

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.

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

4GR = Manager AMBR = Authorized Member Type of Action Address Name litle AMBR Jonathan D. Nicholson - Add 5380 Padding tow Drive Remove
Tallyhussee, F/ 32309 | Change _____ □Remove ______ Change □Add _____ Change ______ 🗆 Add ______ □Remove _____ □Change ______ 🗆 Add _____ □Remove _____ □Change

_____ □Remove

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document's el	te, if other than the date of filing:	
ne record speci ord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:	(b) The 90th day after t
Dated	April 23. 2021.	
	Signalure of a member or authorized representative of a member	