LA1000091863

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only

A. RIVERS

JUL 2 2 2023



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05/23/23--01007--011 **25.20



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Shota Consulting Group LLC | | | |
|---|---|---------------------------|--|
| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on our records.) I Liability Company) | | |
| The Articles of Organization for this Limited Liability Compan Florida document number L21000091862 | y were filed on 3/24/21 | 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: | | |
| Fidelis Insurance Group LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liab | bility Company," the designation "LEC" or the 6443 Churchill Cir | e abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | Milton FL 32583 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 4301 S Flamingo Rd Suite 106 Davie FL 33330 | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, <u>enter the n</u> | ame of the new registered | |
| Name of New Registered Agent: | <u> </u> | | |
| New Rugistered Office Address: | | 20 T | |
| | Enter Florida street address | <u>@</u> | |
| | , Florida | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple. | — gree to act in this capacity. I further | agree to comply with the | |
| accept the obligations of my position as registered agent a | s 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
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| Trancisco Barahona | | Transison Barahana | | |
| Signature of a member or authorized representative of a member | | | | _ |

Filing Fee: \$25.00