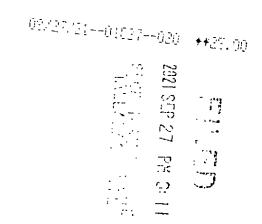


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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration S Division of Co | | | |
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| SUBJECT: | Strands and | d Elements Lited Liability Company | LC |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | 9 | Name of Person God Stement | |
| | 5954 B | ahama Coulf | |
| | | City/State and Zip Code Code | |
| For further information | r-mail address: (concerning this matter, please c | | · |
| To further morniation. | · 1. · | an. | |
| Tanga | Williams | at (<u>754)</u> 235 | 3824 - |
| ✓ Name (| of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for t | he 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre Registration Division of O P.O. Box 63: Tallahassee, | Section Corporations 27 | Street Address: Registration Second Division of Core The Centre of Tallahassee, FL | porations fallahassee e Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| | Elements LL | |
|--|--|-------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 000 3 450 .</u> | were filed on3/22/21 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 20535 NW Z | rd avenue |
| (Principal office address MUST BE A STREET ADDRESS) | migniff 3 | 3/69 |
| | unit 101 | |
| Enter new mailing address, if applicable: | 20535 NW 2 | erd avenue |
| (Mailing address MAY BE A POST OFFICE BOX) | 20535 NW 2 migni, Pl 33 | 169 |
| | 4n.t 101 | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter the n</u> | |
| Name of New Registered Agent: | <u> </u> | 2027 SEP |
| New Registered Office Address: | | EP 2: |
| | Enter Florida street address | 70 |
| | , Florida | Zip Code |
| You Davidson A America Circuit and Circuit | | 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.

| MGR = M AMBR = A | anager uthorized Member | | |
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| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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| n effective date is listed te: If the date insert | the date must be specific ed in this block does n | and cannot be prior | to date of filing or | more than 90 da | vs after tilin | or A Pureus | nt to 605. | .02 |
| cument's effective da | ite on the Department | of State's records. | aute statutory iti | mg requiremen | us, this da | te will no | i be liste | 2a a |
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