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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 985837 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: September 2, 2021 ORDER TIME : 10:16 AM ORDER NO. : 985837-005 CUSTOMER NO: 5030276 DOMESTIC AMENDMENT FILING NAME: STORM OPERATIONS SERVICES, LLC EFFECTIVE DATE: XX___ ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker -- EXT#

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Storm Operations Services, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our re- tited Liability Company)	cords.)
he Articles of Organization for this Limited Liability Comp	pany were filed on June 7, 2021	and assigned
lorida document number L21000263773		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
Support Operations Services, LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		7 7 70 700
		
. If amending the registered agent and/or registered off	fice address on our records, en	ter the name of the new register
gent and/or the new registered office address here:	<u> </u>	(A)
		PH P
Name of New Registered Agent:		PH 12: 40 OF STATE SSEE. FL
Name of New Registered Agent.		- 71 5 -
New Registered Office Address:		• •
	Enter Florida street add	dress
		Florida
	City .	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
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
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lf an effec <u>Note:</u> If	tive date is list `the date inse	her than the ed, the date muserted in this bl date on the D	st be specific : lock does no	and cannot be t meet the a	ipplicable s	of filing or m satutory filin	ore than 90 da g requireme	(optiona lys after filin nts. this dat	a \ Parement to	605.0207 (listed as ti
e record : rd is filed	specities a de L	layed effectiv	e date, but n	ot an effect	tive time, at	12:01 a.m. c	on the earlie	r of: (b)]	The 90th day	after the
Sated	eptember I			2021	, . .					
				1/1/						
			Signature of	a member or	authorized r	epresentative	of a member			-

Filing Fee: \$25.00