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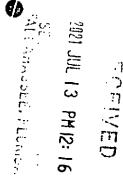
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 902594 AUTHORIZATION : COST LIMIT : ORDER DATE : July 13, 2021 ORDER TIME : 11:06 AM ORDER NO. : 902594-005 CUSTOMER NO: 4312919 DOMESTIC AMENDMENT FILING NAME: MALLORY INVESTMENT PARTNERS. LLCEFFECTIVE 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

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MALLORY INVESTMENT PARTNERS	S, LLC	
(Name of the Limited Liai (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on June 17, 2021	and assigned
Florida document number L21000284321	· · · · ·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
		·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		1 • 1
		<u> ' </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	ristered office address on our records, <u>ent</u> <u>ldress here</u> :	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florido street address	
	, Florida	<u> </u>
	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 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
MGR	TIG FLORIDA INVESTMENTS GP, LLC	431 LUNA BELLA LANE	Add
		NEW SMYRNA BEACH, FL 32168	Remove
			☐ Change
MGR	THOMAS A. DAY	431 LUNA BELLA LANE	
		NEW SMYRNA BEACH, FL 32168	☐ Remove
			Change
			☐ Add
			☐ Remove
			Change
			Add
			_ ☐ Remove
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Effective da	te, if other than the	late of filing:			(optional)	
lfan effective d	late is listed, the date must	be specific and cann	ot be prior to date o	f filing or more than '	0 days after filing.) Pursua	int to 605.020
document's e	ffective date on the De	partment of State's	ine applicable stat s records.	utory ming require	ements, this date will no	i be listed as
ne record s	nacifies a delayed	effective date	but not an of	factiva tima - a	t 12:01 a.m. on the	a aarliar a
The 90th	day after the reco	rd is filed.	, but not an ei	rective time, a	. 12.01 a.m. on the	s earner o
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Typed or printed name of signee

Filing Fee: \$25.00