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(((H21000417675 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065 Phone : (954)525-7500

Fax Number : (954)761-8475

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mmm@trippscott.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPRINKLERMATIC - TPA, LLC

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S. PRATHER

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ARTICLES OF A	AMENDMENT	H21000417675		
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ARTICLES OF OF	** ** = =	2021 عدد آهدار		
SPRINKLERMATION	C - TPA, LLC	FI 2021 NOV SEGI ETAL		
(Nume of the Limited Liability Compan (A Florida Limited L.	y as it now appears on our records.)			
(A Florida Chines La	world Company)	E PP D		
The Articles of Organization for this Limited Liability Company v	vere filed on July 1, 2021			
Florida document number L21000304130		PHEST 53		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	Ity company here:			
EJIO LOCALITY, LLC				
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or t	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
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Enter new mailing address, if applicable:				
•				
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·			
B. If smending the registered agent and/or registered office ac	ddress on our records, enter the	uame of the new registered		
agent and/or the new registered office address here:	raress on our records; enter the	anne of the new registeree		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida	A Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	•	·		
I hereby accept the appointment as registered agent and agre-	a to got in this governity. I forther	wagnag to comply with the		
provisions of all statutes relative to the proper and complete processions of all statutes relative to the proper and complete process the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I rovided for in Chapter 605, F.S.	am familiar with and Or, if this document is		
- 1 - 2				

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 being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
.			DAdd
			□Remove
			□Change
			□Add
			Reniove
			Change
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n effective date is listed te: If the date inser	d, the date must be spe	cific and cannot be pr es not in cet the app	ior to date of filing o licable statutory fi	more than 90 days after I	Thing.) Pursuant to 605.020 date will not be listed a
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cord specifies a del	ayed effective date,	but not an effective	e time, at 12:01 a.r	n, on the earlier of: (b)	The 90th day after the
is filed.					021 A
November 10		2021			POZI NOV
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		(Jany	footo,		10 3 C
-	Signatu	ure of a member or all	thorized representat	ive of a member	12: 53 STATE LORIDA

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