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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 - GLF, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

ARTICLES OF AMENDMENT TO . . . ARTICLES OF ORGANIZATION OF

| H21000449 |
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| SPRINKLERMATIC - GLF, LLC (Name of the Limited Limited Company as it new annears on our re (A Florido Limited Liability Company) | cenrila,) |
|--|--|
| The Articles of Organization for this Limited Liability Company were filed on July 1, 2021 Florida document number L21000304214 | and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| EJ20 RFP, LLC | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 921 |
| (Principal office address MUST BE A STREET ADDRESS) | P P |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | AND TLED TLED SIGNED IN 11 18 |
| B. If amending the registered agent and/or registered office address on our records, en agent and/or the new registered office address here: | nter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: Enter Florida street a | dd - v |
| Enier rioriaa sireel aa | NCN CY2 |
| City | , Florida 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.

Change

| If amending Authorized Person(s) authorized | to manage, enter the title | , name, and address of | react 13JA99044940HL | added |
|---|----------------------------|------------------------|----------------------|-------|
| or removed from our records: | | | | |

| Title | Nume | Address | Type of Action |
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| Effective date, if other than the tan effective date is listed, the date insist Note: If the date inserted in this blodocument's effective date on the Defective date. | ck does not m | cet the applica | to date of filing of able statutory fi | r more than 90 da ling requiremen | (optional) ys ofter filing.) Pr ts, this date wil | rsuant to 605,0207 Il not be listed as |
| record specifies a delayed effective d is filed. | date, but not | an effective ti | me, at 12:01 a.i | m, on the earlier | of: (b) The 9 | Oth day after the |
| Dated December 8 | | 2021 | _ · | | | |
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