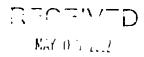
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| Special Instructions to Filing Officer: |
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COVER LETTER

| то: | | ation Sec n of Corp | | | |
|----------------|-----------|------------------------|---|--|--|
| CUD IE | | IDE TECI | INOLOGIES, LLC | | |
| SUBJEC | CI: | | Name of Lim | nited Liability Company | |
| The encl | losed Ar | ticles of A | amendment and fee(s) are sub- | omitted for filing. | |
| Please re | eturn all | correspon | dence concerning this matter | to the following: | |
| | | | Jeremy Baczkiewicz | | |
| | | | | Name of Person | |
| | | | Slide Technologies, LLC | | |
| | | | | Firm/Company | |
| | | | 4221 W. Boy Scount Blvd | Suite 200 | |
| | | | | Address | |
| | | Tampa, FL 33607 | | | |
| | | | | City/State and Zip Code | |
| | | | jeremy@slideinsurance.com | | |
| | | | E-mail address: () | (to be used for future annual report notification) | |
| For furth | ier infor | mation co | ncerning this matter, please co | all: | |
| Jeremy 1 | Baczkie | wicz | | 813 632-3109 at () | |
| | - | Name of | Person | Area Code Daytime Telephone Number | |
| Enclosed | d is a ch | eck for the | following amount: | | |
| = \$25. | .00 Filin | g Fee | ☐ \$30,00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) | |
| | | Address ration Se | | Street Address: Registration Section | |
| | _ | | prporations | Division of Corporations | |
| | | lox 6327 | | The Centre of Tallahassee | |
| | Tallah | assee F | L 32314 | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLIDE TECHNOLOGIES, LLC

| (<u>Name of the Limited Liability Compa</u> (A Florida Limited) | ny as it now appears on our records.) Liability Company) | |
|---|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number L22000116925 | were filed on 03/07/2022 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 Liabi | lity Company," the designation "LLC" or the abbreviation "LLC." | |
| Enter new principal offices address, if applicable: | 4221 W. BOY SCOUT BLVD SUITE 200 | |
| (Principal office address MUST BE A STREET ADDRESS) | TAMPA, FL 33607 | |
| | | |
| Enter new mailing address, if applicable: | 4221 W. BOY SCOUT BLVD SUITE 200 | |
| (Mailing address MAY BE A POST OFFICE BOX) | TAMPA, FL 33607 | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the name of the new registere</u> | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| <u></u> | , Florida | |
| N. D. in J.A. and Simonan if the min Designated Assessed | · | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is | |
| If Cha | nging 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 |
|--------------|-------------------------------|----------------------------------|----------------|
| MBR | Bruce Lucas | 4934 SAINT CROIX DR | ⊡ ∧dd |
| | | TAMPA, FL 33629 | ■Remove |
| | | | □Change |
| Member | Slide Insurance Holdings, Inc | 4221 W. BOY SCOUT BLVD SUITE 200 | ≣ ∧dd |
| | | TAMPA, FL 33607 | □Remove |
| | | | □Change |
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| | | | □Remove |
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| Effective date, if other than the date of filing: (If an effective date is blood, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (. Note: If the date inserted in this blook does not meet the applicable strutury filing requirements, this date will not be listed as the document's effective date on the Department of State's records the record specifies a delayed effective date, but not an effective time, at 12-01 a.m. on the earlier of: (b) The 90th day after the cond is filed. Dated April 22 2022 Signature of a member of authorized representative of a member Jeremy Baczkiewicz | _ | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--|----------------------------|---|
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| Signature of a member of authorized representative of a member | | |
| | Dated | April 22 . 2022 |
| · | | Jeremy Baczkiewicz |

Filing Fee: \$25.00