Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGNED SC CHAS MGR LLC

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
| Page Count            | 04      |
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Corporate Filing Menu

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SC CHAS MGR LLC  |  |   |  |
|--|--|---|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited I   | nv as it now appears on our recliability Company)      | ords.)  |  |
| The Articles of Organization for this Limited Liability Company Florida document number L22000249441   | were filed on 05/27/2022                               | 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:                                    |   |  |
| SC THRUM MGR LLC   |  |   |  |
| The new name must be distinguishable and contain the words "Limited Liabil   | lity Company," the designation "I                      | LLC" or the abbreviation "L.L.C."                                   |  |
| Enter new principal offices address, if applicable:  |  |   |  |
| (Principal office address MUST BE A STREET ADDRESS)  | · · · · · · · · · · · · · · · · · · ·                  |   |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>en</u>                      | ter the name of the new registered                                  |  |
| Name of New Registered Agent:  |  |   |  |
| New Registered Office Address:   |  |   |  |
|  | Enter Florida street address                           |   |  |
|  | City Zip Code  |   |  |
| <del></del> ,  | City   | Zip Code  |  |
| New Registered Agent's Signature, if changing Registered Agent   | i  |   |  |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete  | ree to act in this capacity.  performance of my duties | I further agree to comply with the<br>s, 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> | Name | Address  | Type of Action |
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| fective date, if other than the neffective date is listed, the date in this term of the date in this current's effective date on the | block does not meet the app.          | icable statutory filing requi  | (optional) 90 days after filing.) Pursuant to 605.02 rements, this date will not be listed a |
| cord specifies a delayed effect<br>s filed.  | ive date, but not an effective        | time, at 12:01 a.m. on the     | earlier of: (b) The 90th day after th  |
| red June 28  | , 2022                                |                                |  |
| //-  |                                       |                                |  |
| $\mathcal{M}$  | an.                                   |                                |  |
|  | Signature of a member or au           | horized representative of a me | mber   |

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