Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SANDRIDGEMAY GROUP LLC

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AUG 1 7 2022 K Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SandridgeMay Group LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on <u>06/02/22</u>	and assigne	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "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	e address on our records, enter the na	me of the new re	egistered
agent and/or the new registered office address here:		2022 AUG George Fall Latte	>
Name of New Registered Agent:		<u> </u>	<u>ئ</u> ئارىخىت
New Registered Office Address:	Enter Florida street address	######################################	
	, Florida	2003 71 S 30 S) VED
	, Flurida _	Zin Cons	

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 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 Eugene May	Eugene May	1 Christopher St.	iXAdd
		#2B	□Remove
	New York, NY 10014	☐ Change	
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
		[]Change	
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
			□Change
			□Add
		□Remove	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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 record is filed. Dated August 16 Signature of a member or authorized representative of a member Riley Park Typed or printed name of signee

. . . .

Filing Fee: \$25.00