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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

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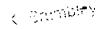
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SI FUNK HOLDCO LLC

Certificate of Status	
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APPROVED AND FILED

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COVER LETTER

	Registration S Division of Co			4
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SUBJEC	::	Name of Lin	Name of Limited Liability Company nent and fee(s) are submitted for filing. concerning this matter to the following: s Funk Name of Person unk HoldCo LLC Firm/Company Richard St Ste 1 Address conville, FL 32216 City/State and Zip Code son@sihomesfl.com E-mail address: (to be used for future annual report notification)	
The enclo	osed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
		Chris Funk		
			Name of Person	
		SI Punk HoldCo LLC		
			Firm/Company	
		5711 Richard St Ste 1		
			Address	· · · · · · · · · · · · · · · · · · ·
		Jacksonville, FL 32216		
			City/State and Zip Code	
		ladamson@sihomesfl.com		
			·	tification)
For furthe	x information of	concerning this matter, please c	ali:	
Leslie Ad	lamson			
	Name (Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. a all correspondence concerning this matter to the following: Chris Funk Name of Person SI Funk HoldCo LLC Firm/Company 5711 Richard St Ste 1 Address Jacksonville, FL 32216 City/State and Zip Code ladamson@sibornessfl.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: at (
Enclosed	is a check for t	he following amount:		
\$25.0	0 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
				ection
F	P.O. Box 632	27	The Centre of	Tallahassee
7	enclosed Articles of Amendment and Ree(s) are submitted for filling. enclosed Articles of Amendment and Ree(s) are submitted for filling. Enter the following: Chris Funk Name of Person SI Funk HoldCo LLC Firm/Company 5711 Richard St Ste 1 Address Jacksonville, FL 32216 City/State and Zip Code Jacksonville, FL 32216 Entail address: (to be used for future annual report notification) further information concerning this matter, please call: ite Adamson Name of Person Name of Person Area Code Daydime Telephone Number seed is a check for the following amount: \$25.00 Filling Fee S30.00 Filling Fee \$30.00 Filling Fee & Certified Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SI FUNK HOLDCO LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) lisbility Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000364518	were filed on 08/18/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
FUNK LEGAÇY HOLDINGS LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abb	reviation "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 a agent and/or the new registered office address here:	ddress on our records, enter the name	of the new registered
Name of New Registered Agent:		2022
New Registered Office Address:		200
	Enter Florida street address	総しる
	, Florida	Zip Code T
New Registered Agent's Signature, if changing Registered Agent:		25 6
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agre	ee 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

Title	Name	Address	Type of Action
····			□Add
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			□Remove
			Change
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date inserted in thi	s block does not m	rect the applicat	ole statutory filing	requirements, this	date will not be list	5.02 ed :
ifies a delayed effe	ctive date, but not	an effective tim	e, at 12:01 a.m. or	the earlier of: (b)) The 90th day after	r th
eptembe	23,	2022	. •			
	bry					
2	date is listed, the date in date in date in date in this effective date on the date and the date and the date and date and the date and da	date is listed, the date must be specific and date inserted in this block does not meffective date on the Department of S ifies a delayed effective date, but not	date is listed, the date must be specific and cannot be prior to date inserted in this block does not meet the applicate effective date on the Department of State's records.	date is listed, the date must be specific and cannot be prior to date of filing or more date inserted in this block does not meet the applicable statutory filing effective date on the Department of State's records. ifies a delayed effective date, but not an effective time, at 12:01 a.m. or	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.	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 601 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list effective date on the Department of State's records. ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after

Typed or printed name of signee