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Certified Copies	_ Certificates	s of Status
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2022 AUG 29 AM 10: 21 SECRETARY OF STATE

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COVER LETTER

TO: Registration Secti Division of Corpo					
SUBJECT: SM	GOYNO C	nited Liability Company			
The enclosed Articles of Anti-Please return all correspondents	SUSAN SMG(550 NE	_	±2 3330	2022 AUG 29 AM 10: 21 SECRETARY OF STATE TALLAHASSEE, FL	
For further information cond			itification)		
SUSA CE	-	at (760) 464 Area Code Dayti	6479 me Telephone Number	τ	
Enclosed is a check for the f	ollowing amount:				
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
Mailing Address:		Street Address:			

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMG6479 LLC		20 S
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on AUGUS	ar assigned
Florida document number L22000366391		AT 19, 2022 ATA an assigned
This amendment is submitted to amend the following:		AHIO: 2
A. If amending name, enter the new name of the li	mited liability company here:	rn —
The new name must be distinguishable and contain the words "Li	imited Liability Company," the design	ation "E.E.C" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ds, enter the name of the new registere
agent and/or the new registered office address here	•	
Name of New Projectoral Agents		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	-not orbitany
	Emer r tortaa si	eet taatess
	City	, Florida
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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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

.MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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record specifies a delayed	l effective date, but i	not an effective time	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th	day aft	er the
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	Signature of	f a member or authoriz	zed representative of a	member			