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From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 : (813)229-7600 Fax Number : (813)229-1660

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

Email Address: arichards@shumaker.com

2022 Ut. 2.7

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DocuSign Envelope ID: 4246681E-025F-4463-971B-D498902A303B ARTICLES OF AMENDMENT

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TO 🛨 ARTICLES OF ORGANIZATION OF

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*					
SRM1, LLC	111111111111111111111111111111111111111				
(Xame of the Limited Liai (A Flor	bility Company as it now appears on our rida Limited Liability Company)	records.			
The Articles of Organization for this Limited Liability Florida document number <u>L22000483625</u>	Company were filed on November	14, 2022	an	d assig	ned
This amendment is submitted to amend the following:	:				
A. If amending name, enter the new name of the li	imited liability company here:				
The new name must be distinguishable and contain the words "I.					<u>,, ,, ,, , , , , , , , , , , , , , , ,</u>
The new name must be distinguishable and contain the words "I	amited Liability Company, the designation	in the or the a	ibbreviatio	on "L.t	L .
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADd	DRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)				· · ·	
B. If amending the registered agent and/or registe	red office address on our records.	enter the nar	ne of th	e ne <u>w</u> i	registere
agent and/or the new registered office address here	<u>e</u> :				
Name of New Registered Agent:		<u>.</u>	==	2	
New Registered Office Address:			<u>+.</u>	2022	
	Enter Floridu stree.	t address		DEC	
	****	Florida _		\sim	
	City		Zip (ode P	jr.
New Registered Agent's Signature, if changing Registe	red Agent:		-	<u> </u>	
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my dut l agent as provided for in Chapter ered office address, I hereby conf.	ies, and I am · 605, F.S. Or	fāīnīlia ; if this	r with docum	and ient is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope iD: 4246681E-025F-4463-971B-D498902A303B an amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Sonya Montgomery	12145 Cypress Landing Ave.	≅ Add
		Clermont, Fl. 34711	□Remove
			□Change
			□Add
			□Remove
			ClChange
			□Add
			CIRemove
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			□Add
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			□Remove
			□ Change

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D. If amending any other informati	on, enter change(s) here: (Attac	ch additional sheets, if necessary.)
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Effective date, if other than the discontinuous (If an effective date is listed, the date must) Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the applicable statt	(optional) f tiling or more than 90 days after filing.) Pursuant to 605 0207 (, utory filing requirements, this date will not be listed as the state of the stat
the record specifies a delayed effective cord is filed.	date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
December 27	2022	
Dated December 27 Sonya Montgomery		
<u> </u>	ignature of a member or authorized repr	resentative of a member
Sonya Montgomery		
	Typed or printed name o	of signee

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