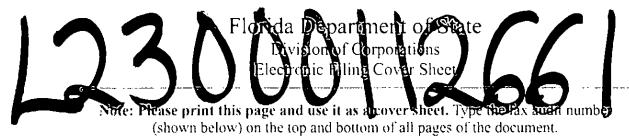
Division of Corporations



(((H230001207713)))



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From:

Account Name : ELLISON LAZENBY PLLC

Account Number : I20150000059 Phone : (727)362-6151 Fax Number : (727)362-6131

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 SOUTH TAMPA CAPITAL INVESTMENTS, LLC

Certificate of Status	0
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M. SOLOMON

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SOUTH TAMPA CAPITAL INVESTMENTS, LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>v.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000112661</u>	y were filed on 03/03/2023	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		202		
		23 HAR 30		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		35 <u>5</u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registered		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	· <u>·</u>		
New Registered Office Address:				
	Enter Florida street address			
	, Flo	orida Zip Code		
New Registered Agent's Signature, if changing Registered Agent	•	Σφ code		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in this capacity. I fur e performance of my duties, an provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is		
1f.Cho	anging Registered Agent, Signature o	New Registered Agent		

From: William Lazenby

From: William Lazenby Fax: 17273626151 To: Fax: (850) 617-6383 Page: 3 of 4 03/30/2023 4:22 PM

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II amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H230001207713

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John Kennedy	5700 MARINER ST., UNIT 501	
		Tampa, FL 33609	≅ Remove
			□Change
MGR	EWA HELIOS MANAGER, LLC	5700 MARINER ST., UNIT 501	= Add
		Tampa, Fl. 33609	□ Remove
			□Change
			2023 DAdd ™
			HAR I
			HAR 20 PHe 124
			Dri 2 □Add
			□Remove
			□ Change
			□ Add
			□ Remove
			□Change
			□Add
			Remove
			□Change

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		24 26	•
		(optional)	
(If an effective date is listed, the date Note: If the date inserted in the	the date of filing: e must be specific and cannot be prior to date of filing block does not meet the applicable statutor the Department of State's records.	ing or more than 90 days after filing.) Pursuant to 605.0 ery filing requirements, this date will not be listed)207 (3)(t d as the
(If an effective date is listed, the date Note: If the date inserted in the document's effective date on the document of the date on the document of the date of t	e must be specific and cannot be prior to date of fili is block does not meet the applicable statutor he Department of State's records.	ing or more than 90 days after filing.) Pursuant to 605.0	d as the

Typed or printed name of signee

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