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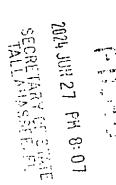
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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: SMLKFL Group	nited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub- Please return all correspondence concerning this matter		
Michelle	Harper Name of Person Berglund, PLLC FloryCompany	
murphy 2	Berglund, PLLC	
1101 Dougla	s Ave. Suite 1006	
Altamonte	City/State and Arp Code (to be used for future annual report notification) eall: at (407) 865-9553 Area Code Daytime Telephone Number	, en ;
E-mail address: ((to be used for future annual report notification)	, }
For further information concerning this matter, please e	enth of the second of the seco	
		;
Michelle Harper	at (407) 865-9553 Area Code Daytime Telephone Number	
Name of Person	Area Code Daytime Telephone Number	1
Enclosed is a check for the following amount:		
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Previously Park	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: 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

SMLKFL Group	LCC	
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our re ed Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>9/26/</u>	2023 and assigned
Florida document number <u>L 23000445857</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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)		7C
•		-E
		======================================
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>c</u>	mer the name of the new registered
		F6.
Name of New Registered Agent:		Lil
New Registered Office Address:		
	Enter Florida street a	uares
	City	, Florida
	City	

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 Changing Registered Agent, Signature of New Registered Agent

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
M6R	Stephanie F. Dickinson	3915 Moorings Lane	GAdd
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			□Change
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			□Change
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recor I is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte iled.	er the
ated	June 11 2024.	
	Signature of a member or authorized representative of a member	
	Stephanie F. Dickinson Typed or printed name of signee	

Filing Fee: \$25.00