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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lion Management	Group, LLC
Name of Limit	ted Liability Company
The enclosed Articles of Amendment and fee(s) are subr	nitted for filing.
Please return all correspondence concerning this matter t	to the following:
Saral	Lir Kham Name of Person
Lion Mar	ragement Group, LLC
829 E. 215+	Address :
New Smyr Sbk.br	na Beach, FL 32169 City/State and Zip Code XXXX2@gmail.60M
E-mail address: (to	o be used for future armual report notification)
For further information concerning this matter, please ca	ili:
Sara Kirkham Name of Person	at (<u>913</u>) 712-9579 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status 25.00 for Changing Member hame \$50.00 fotal	□ \$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

	inagement Group,				
(Name of the Lim	nited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)			
The Articles of Organization for this Limited Liability Company were filed on 10 27 2023 and assigned Florida document number L23000491145					
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :			
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "ELC" or the abbreviation "L.L.C."			
Enter new principal offices address, if appli	icable:	27			
(Principal office address MUST BE A STRE	ET ADDRESS)				
		 :			
Enter new mailing address, if applicable:		·			
(Mailing address MAY BE A POST OFFICE	<u></u>				
agent and/or the new registered office addr Name of New Registered Agent:	<u>Sara Kirkho</u>				
New Registered Office Address:		lorida street address			
	O Cilv	ach Florida 32169 Zip Code			
New Registered Agent's Signature, if changing	Kegisterea 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
AMBR	SD Kirkham Trust	829 E. 21st Ave	L'Add
		New Smyrna Beach, FL 32169	X Remove
AMBR	Kirkham SD Trust	829 E. 21st Ave	X Add
		New Smyrna Beach, FL 32169	ElRemove
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			∐Add
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			□Change

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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or te: If the date inserted in this block does not meet the applicable statutory fil tument's effective date on the Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 605.0; ling requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time, at 12:01 a.n s filed.	n, on the earlier of: (b) The 90th day after t
November 11th, 2023. Strature of a member or authorized representation	ive of a mansher
Namiafire of a member or authorized representati	