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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 162628 5156901

AUTHORIZATION

ORDER DATE: December 1, 2023

ORDER TIME : 2:12 PM

ORDER NO. : 162628-005

CUSTOMER NO: 5156901

DOMESTIC AMENDMENT FILING

NAME: TEAM MCCORMICK LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

TO:

| TO: Registration Se Division of Cor | | | |
|--|---|---|--|
| | CCORMICK LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | William P. Hubbard | | |
| | | Name of Person | |
| | Meister Seelig & Fein PLI | LC | |
| | | Firm/Company | ۲> |
| | 125 Park Avenue, 7th Floo | or | 2023 DEC -1 SECRETA |
| | | Address | -m m |
| | New York, New York 100 | 017 | |
| | | City/State and Zip Code | |
| | wph@msf-law.com | | يَّنَ الْمِنْ الْمِنْ الله المراجعة المنظمة |
| . | | to be used for future annual report no | otification) |
| For further information c | oncerning this matter, please c | eall: | |
| William P. Hubbard | | 212 655 3500 at () | |
| Name o | f Person | | me Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration S | | Street Address: Registration S | ection |
| Division of C | orporations | Division of Co | orporations |
| P.O. Box 632 | | The Centre of | |
| Tallahassee, l | rl 32314 | 2415 N. Monr | oe Street, Suite 810 |

Tallahassee, FL 32303

OocuSign Envelope ID: 6693645E-B36D-4D2B-8FEE-12BDDDE6FB87 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| TEAM MCCORMICK LLC | | |
|--|--|--|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) lability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on October 31, 2023 | and assigned |
| lorida document number L23000493030 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited liabil | lity company here: | |
| he new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | | 730 FF |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Inter new mailing address, if applicable: | | ma o |
| Mailing address MAY BE A POST OFFICE BOX) | | 37 Par |
| | | |
| | | ************************************** |
| . If amending the registered agent and/or registered office a | ddress on our records, enter the i | name of the new registe |
| gent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | . |
| New Registered Office Address: | 7 | |
| | Enter Florida street address | |
| | , Florida | · |
| | Civ | Zin Coda |

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.

DocuSign Envelope ID::6693645E-B36D-4D2B-8FEE-12BDDDE6FB87
II amenuing Authorized rerson(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 | Ryan McCormick | 5000 Kernan Blvd S. Apt 713 | ≡ Add |
| | | Jacksonville, FL 32224 | □Remove |
| | | | Change |
| | - | | □ Add |
| | | | □ Remove |
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| Sective date, if other than the d in effective date is listed, the date must be te: If the date inserted in this blockward is effective date on the Dep | e specific and cannot be price k does not meet the appli | or to date of filing or mor cable statutory filing | (option e than 90 days after fil requirements, this d | ng.) Pursuant to 605.02 |
| cord specifies a delayed effective of sfiled. | date, but not an effective | time, at 12:01 a.m. on | the earlier of: (b) | The 90th day after th |
| ed | , 2023 | | | |
| DocuSigned by: | | | | |
| 9242B8CDA:84415 Si | gnature of a member or aud | | | |