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COVER LETTER

TO:	Registration Se Division of Cor			
	Big Magic S	•		
SUBJI	ECT:			
		Name of Lim	ited Liability Company	
The en	sclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Beverley R. Shriver III		
			Name of Person	
			Firm/Company	
		Sarasota, FL 34236	Address	
		Beaver@TheShriverGroup.	City/State and Zip Code com	
		E-mail address: (to be used for future annual report notification	<u>)</u>
For fur	rther information c	oncerning this matter, please ca	ali:	2024 JAN
Beave	r Shriver		724 312-0824	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		f Person	at () Area Code ——Daytime Telep	shone Number 35 5 7 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Enclos	sed is a check for the	ne following amount:		न ल
€ \$2	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 Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Big Magic SRQ LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar 1.23000516431 Florida document number	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	e 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)		
		2024 SEC.
B. If amending the registered agent and/or registered office	e address on our records, <u>enter the r</u>	name of the new register
agent and/or the new registered office address here:		ω J'''
Name of New Registered Agent:		P T
New Registered Office Address:	Enter Florida street address	1. S.
		1**
	, Florida , Florida	Zip Code

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 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>	<u>Address</u>	Type of Action
AMBR	Erin K. Shriver	111 S. Pineapple Ave., Unit 601, Sarasota, FL 34236	= Add
			□Remove
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ord specifies a delayed effective filed.	date, but not an e	ffective time,	at 12:01 a.m. c	on the earlier of: ((b) The 90th day	v after th
December 26 d	20)2,3				
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	Signature of a memb					