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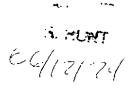
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PICK-UP WAIT MAIL
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Cogified Cogies Cogification of Control
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Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date:	06/12/2024	
Name:	Patrice Rush	_
Reference #:		_
Entity Name:	SAP INVESTME	NT HOLDINGS, LLC
✓ Amen	es of Incorporation/Authorization	to Transact Business
	ge of Agent tatement ersion	
☐ Merge	er Iution/Withdrawal	
_	ous Name PLEASE PR	OVIDE CERTIFIED COPY
Authorized A		

F: +852.2682.9790

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Synaptic Advisory Partners Holdings, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on May 21, 2024 ____ and assigned Florida document number L24000224391 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SAP Investment Holdings, LLC The new name must be distinguishable and contain the words "Limited Liability 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida _

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blucument's effective date on the D	it be specific an ock does not epartment of	nd cannot be p meet the app State's reco	rior to date of plicable stat rds.	f filing or more utory filing r	than 90 days a equirements.	this date wi	ll not be listed :
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