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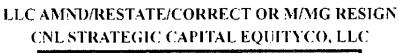
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## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

|   |   | etion 605.0209. F.S., this document is being submitted CNL Strategic ame of the limited liability company is:  | Capital Equity, LLC  |                        |                                      |              |
|---|---|--|--|------------------------|--------------------------------------|--------------|
| SECOND:<br>THIRD:                                       |   | The Florida Document number of the limited liability Document to be corrected is:  |  |                        | ness                                 |              |
|   | Ú   | CHECK THE APPROPRIATE BOX AND COME   | <u>LETE THE APPLICABLE STA</u>   | <u>TEMEN</u>           | <del>IT</del>                        |              |
| <b>2</b> 3  | Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  |  |  |                        |                                      |              |
|   | The incorrect statement: 1. The name of the Foreign Limited Liability Company is CNL Strategic Capital Equity.  |  |  |                        |                                      |              |
|   | LLC. The reason it is incorrect is due to a Scribner error. The corrected statement is 1. The name of the Foreign   |  |  |                        |                                      |              |
|   | Limite  | ed Liability Company is Sill Strategic Capital EquityCo.   | LLC.   |                        |                                      |              |
|   | was das foll  | lefectively signed. The manner in which the documen lows:  | t was desectively signed and the app   |                        | 2026   P.2   0   P.1                 | n are        |
|   |   | leganguic transmission of the record was defective.  |  | :                      | 1: 03                                |              |
| ш   | - (   | india Scott  | 3/25/2024  |                        | •                                    |              |
|   | <del></del>   | Signature of Authorized Representative   | Date   |                        |                                      |              |
| acceptin<br>New Re<br>I hereby<br>provisio<br>obligatio | ng the or gistered accept ons of a change | ew registered agent, if applicable :( NOTE: if correcting designation).  A Agent's Signature, if changing Registered Agent; at the appointment as registered agent and agree to actuall statutes relative to the proper and complete performing position as registered agent as provided for in Charles in the registered office address, I hereby confirm the | in this capacity. I further agree to<br>nance of my duties, and I am familia<br>noter 605, F.S. Or, if this document | comply with a is being | with the<br>nd accept<br>filed to me | the<br>erely |
|   | Registered Agent's Signature  |  |  |                        |                                      |              |
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