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Sunshine State Corporate Compliance Company

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DATE 02/14/2025	_	**WA	LK IN*
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COVER LETTER

Division of Corporations STATRA CAPITAL LLC SUBJECT: _____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Devora Nealy Name of Person Smith, Gambrell & Russell, LLP Firm/Company 1105 W. Peachtree Street NE, Suite 1000 Address Atlanta, GA 30309 City/State and Zip Code dnealy@sgrlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 815-3500 Devora Nealy Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & **■** \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address:

Registration Section

TO:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

STATRA CAPI	TAL LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ibility Company))
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on01/24/2025	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	200
Principal office address MUST BE A STREET ADDRESS)		FEB
Enter new mailing address, if applicable: [Mailing address MAY BE A POST OFFICE BOX]		EB 4 AH 10: 25
3. If amending the registered agent and/or registered office ad gent and/or the new registered office address here:	dress on our records, <u>enter th</u>	ne name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	City	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>	Address	Type of Action
AMBR	Statra Summit Holdings Inc.	3121 Kirk St	
		Miami, FL 33133	Remove
			Change
AMBR	Statra Summit Holdings Inc.	1065 SW 8TH ST	≅Add
		Unit #134	□Remove
		Miami. FL 33130	Change
MGR	Michael McCord	3121 Kirk St	
		Miami, FL 33133	Remove
			Change
MGR	Michael McCord	1065 SW 8TH ST	= Add
		Unit #134	□Remove
		Miami, FL 33130	
			□Add
			Remove
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Sective date, if other than the neffective date is listed, the date mute: If the date inserted in this becament's effective date on the fi	lock does not med Department of Sta	et the applicabl te's records.	e statutory filin	g requirements,	this date wil	i noi be ii	sted as
cord specifies a delayed effectives filed.			, at 12:01 a.m.	on the earlier of	i: (0) The 90	on day at	ier inc
red February 14		2025	,				
	Signature of a me	/s/ Michael mber or authoriz	McCord ed representative	of a member			