

the fax audit number (shown below) on the top and bottom of all pages of the document.

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H230001300283ABCT

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1510 STILLWATER DR., LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1510 STILLWATER DR., LLC		
(Name of the Limited Linbility (A Figrada L	Company as it now appears on our records.) imited Liability Company)	
(T I NO TOLK 2)	and camping company	
The Articles of Organization for this Limited Liability Con	npany were filed on NOVEMBER 17 2017	and assigned
Florida document number L17000238142		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
7		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "Li.C" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·		·····
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
B. If amending the registered agent and/or registered o	Thre address on our records antas the n	ama of the new vacints and
agent and/or the new registered office address here:	ATT TO THE TENER OF THE TENER O	<u>.</u>
	_	2023
Name of New Registered Agent:		<u> </u>
New Province A COT LAND		
New Registered Office Address:	Enter Florida street address	
·	City Florida	
New Registered Agent's Conserves (fakewais- Tables of a	•	⊋ ₹ Zip Code cs
New Registered Agent's Signature, if changing Registered A	<u>gent:</u>	င္မ

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 Changing Registered Agent, Signature of New Registered Agent

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
<u>M</u>	Florvesi LLC	400 SE 10 Coun	
		Hiaicah Florida 33010	■Remove
			©Change
M	Frederic Puren	1073 NE 79 Street No. 105	\ Add
		Miami, FL 33138	DRemove
			DChange
			□Ramove
			☐ Change
			□Remove
			Change
			□Add
			□Remove
			Change
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			□Remove
			— a

	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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ffertive date, if ot	ther than the date of filing: (optional) (optional) (in the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 (optional)
an effective date is list	ed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605 001
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ccord specifies a de	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
is filed.	The 90th day after the
ned APRIL 4	2023
	Tropature of a mamber of and
	Signature of a member or authorized representative of a member
FREDERIC	PUREN
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