Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NARCOOSSEE APARTMENT PARTNERS LLC

| Certificate of Status | 0       |
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| Certified Copy        | 1       |
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JAN 18 2024

## **COVER LETTER**

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| TO: Registration S Division of Co. |  |   |
|------------------------------------|--|---|
|                                    | SSEE APARTMENT PARTN                       | ERS LLC   |
| SUBJECT:                           | Name of Lin                                | nited Liability Company   |
| The enclosed Articles of           | Amendment and fee(s) are sub               | omitted for filing.   |
| Please return all correspondent    | ondence concerning this matter             | r to the following:   |
|                                    | Julie V. Fanelli                           |   |
|                                    |  | Name of Person  |
|                                    | Fanelli Law Firm, PA                       |   |
|                                    | <del></del>                                | Firm/Company  |
|                                    | 180 Fountain Pkwy N, Ste                   | e. 100  |
|                                    |  | Address   |
|                                    | St. Petersburg, FL 33716                   |   |
|                                    | <del> </del>                               | City/State and Zip Code   |
|                                    | jfanelli@fanellilaw.com<br>E-mail midress: | (to be used for future annual report notification)  |
| For further information of         | concerning this matter, please o           | ·   |
| Julie V. Fanelli                   |  | 813 384-4841<br>at ()   |
| Name o                             | of Person                                  | Area Code Daytime Telephone Number  |
| Enclosed is a check for t          | he following amount:                       |   |
| \$25.00 Filing Fee                 | S30.00 Filing Fee & Certificate of Status  | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre                      | <del>11</del> 5                            | Street Address;   |
| Registration Division of 0         |  | Registration Section Division of Corporations   |
| Division of C                      | orboracions                                | Division of Corporations  |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

NARCOOSSEE APARTMENT PARTNERS LLC

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000023849

(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 November 19, 2021 and assigned Florida document number L21000498153 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NARCOOSSEE COMMERCIAL LAND ACQUISITION LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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.

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 = M     | Ianager<br>authorized Member |                | H24000023849   |
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| ecord specifies a delayed effective date, is filed.   | but not an effective time                                | e, at 12:01 a,m. on the ea                               | arlier of: (b) The 90                                       | Th day after the                             |
| ted January 17  |  | .•   |   |  |
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