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INC.

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### **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJI	ret.	The Landmark	k Property Agency, LLC	
aobj.	BC1.	Name of Limi	ited Liability Company	<del></del>
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Julian Michael Fortunato	
		·	Name of Person	<del></del>
		The La	andmark Property Agency, LLC	
			Firm/Company	
		8671 A	Addison Place Cir Unit 109	
			Address	
		N	laples, FL 34119	
		<del></del>	City/State and Zip Code	
			propertyagency@gmail.com	
		E-mail address: (	to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please co	all:	
	Julian Michae	el Fortunato	at ( <u>954</u> ) <u>696-9961</u>	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclo	sed is a check for th	he following amount:		
<b>S</b> \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

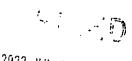
Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

DocuSign Envelope ID: 2BE1CBA8-DF08-4AFC-9212-D94082AC4BBF

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The La	andmark Property Agency, Lt	.C	2022 JUL 18	AH 9: 13
(Name of the Limited Li (A F)	ability Company as it now appea forida Limited Liability Company)	rs on our records.)		TE
The Articles of Organization for this Limited Liabili Florida document numberL22000041364	ity Company were filed on _	02/04/2022	and assi	gned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company h	<u>ere</u> :		
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)  Enter new mailing address, if applicable:	•			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>en</u>	ter the name o	of the new
Name of New Registered Agent:	Jesse	Tyler Wilson	-	
New Registered Office Address:	8671 Addison Plac			
_	Naples	orida street address , Florida		
	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 Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 2BE1CBA8-DF08-4AFC-9212-D94082AC4BBF in amending Authorized Person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jesse Tyler Wilson	8671 Addison Place Cir Unit 109 Naples, FL 34119	Ø Add
			□ Remove
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Note: If	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 0th day after the record is filed.
Dated _	07/12/2022
Dated	DocuSigned by:

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00