## KR2 COOO 59190

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2021 FEB 25 AM 6: 34 SECRETARY OF STATE

A. BUTLER MAR - 7 2022

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on #304, LLC		
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
Luca Di Nunzio		
	Name of Person	
Dorcey Law Firm		
	Firm/Company	<del></del>
10181 Six Mile Cypress P	kwy, Suite C	
	Address	
Fon Myers, FL 33966		
	City/State and Zip Code	
		atification)
		initialion,
	239 308-1073	
d' Person	Area Code Dayti	me Telephone Number
he following amount:		
☐ \$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)
	Street Address: Registration S	ection
Corporations	Division of Co	orporations
		Tallahassee oe Street, Suite 810
	Amendment and fee(s) are substandence concerning this matter  Luca Di Nunzio  Dorcey Law Firm  10181 Six Mile Cypress P  Fort Myers, FL 33966  support@dlfregisteredagen  E-mail address: (concerning this matter, please concerning this matter, please concerning this matter)  of Person  the following amount:  □ \$30.00 Filing Fee &	Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:    Luca Di Nunzio

Tallahassee, FL 32303

## . DocuSign Envelope ID: CE50504A-0AA7-427A-8163-B2A58A97CBE7 ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION ILED TO

3481 Aragon #304, LLC

2021 FEB 25 AM 6: 34

(Name of the Limited Liability (A Florida l	Company as it now appears on o Limited Liability Company) LOIG TAL	UE PECONDS.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/14/20	earassee, FL 122 - a	nd assigned
Florida document number 1.22000059180			
	_•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
6481 Aragon #304, LLC			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designa	tion "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		<del></del>	
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	office address off our record	s, enter the name of t	ne new register
New Registered Office Address:			
	Enter Florida street address		
		, Florida	Code
	City	Zi <sub>t</sub> .	Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my a ent as provided for in Chapi	luties, and I am famili er 605, F.S. Or, if thi	ar with and s document is
	If Changing Registered Agent, S	ignature of New Registere	d Agent

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11 amenung Authorized rerson(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
			⊡Remove
		□Remove	
			□Change
			□Add
			□Remove
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Note: document the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
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