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To:

Division of Corporations

Fax Number : (850)617-6383

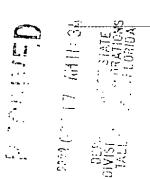
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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 BATTLE REALTY HOLDINGS FORT MYERS LLC

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Help

~ \Box Fax: 8134365206

ARTICLES OF AMENDMENT TO

To: 18506176383

ARTICI	rra or o	KUANIZA	LION	,
	OI	F	γ.	
₩				
Battle Realty Holdings Fort Myers LLC				
(Name of the Limited L (A F	iability Compan	y as it now appea.	rs on our records.)	-
(A)	torida istilited ist	abitity Company		
77		c 04	/12/23	
The Articles of Organization for this Limited Liabil	lity Company v	vere filed on <u> </u>	. 2020	and assigned
Florida document number L23000181596				
This amendment is submitted to amend the following	ng:			
	C			
A. If amending name, enter the new name of the	e limited liabil	ity company ho	ere:	
			-	
The new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the d	lesignation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDDECC)			
Trincipal office address SIOST BE A STREET A	DDRESS)			
			···	
Enter new mailing address, if applicable:				
(Mailing address MAV RE A BOST OFFICE BOY	V)			
(Mailing address MAY BE A POST OFFICE BO)	<u>v</u>			

B. If amending the registered agent and/or regis	tarad affica n	ddrace on our r	onarde antar th	o name of the new registered
agent and/or the new registered affice address he		auress on our r	ecords, emer tu	e name of the new registered
agent and/or the new registered office address in	<u> </u>			
Name of New Registered Agent:				
Name of New Registered Agent.			- .	
New Registered Office Address:				
New Registered Office Address.		Enter Flor	rida street address	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			. Flori	ída
_		City		Zip Code
and the fact of a contract of the fact of		-		ି ጨን ምክ
New Registered Agent's Signature, if changing Regis	stered Agent:			<u> </u>
				•

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.

10/17/2023 08:12:43 PDT _

To: 18506176383

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From: Registered Agents Inc.

Fax: 8134365206

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>	<u>Address</u>	Type of Action
AMBR	Trish Luzzi	5665 Shirlee Industrial Way	≝Add
		Alpharetta, GA 30004	□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			CRemove
			□Change
			□Add
			□Remove
			□ Change

10/17/2023 08:12 43 PDT .	To 18506176383	Page: 4/4	From: Registered Agents Inc	Fax: 8134365206

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ffective date, if other than the can effective date is listed, the date must tote: If the date inserted in this blo ocument's effective date on the De	be specific and cannot be prior a ck does not meet the applica	ble statutory filing requir	(optional) 90 days after filing.) Pursuant to 605 rements, this date will not be liste	.0207 ed as
record specifies a delayed effective I is filed.	date, but not an effective tim	ne, at 12:01 a.m. on the c	earlier of: (b) The 90th day after	r the
	2023			
nated October 17	. 2023	- ·		
rated October 17	12 - bi me	- i pe-enologie		
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