

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L24000135743

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(((H24000128885 3)))



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To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : NELSON MULLINS RILEY & SCARBOROUGH, ORLANDO  
 Account Number : I19980000090  
 Phone : (407)839-4200  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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RECEIVED  
 2024 APR -9 AM 11:17  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

2024 APR -9 PM 12:31

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 311 CARYOTA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

(H24000128885 3)

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

311 CARYOTA, LLC

(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 3/22/2024 and assigned Florida document number L24000135743.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

2875 S. Orange Avenue

Suite 500-PMB2615

Orlando, FL 32806-5471

2024 APR 12 - 9 PM 2:31

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: THOMAS WILLSON GUSTAFSON

New Registered Office Address: 1816 Bimini Drive

*Enter Florida street address*

Orlando, Florida 32806

*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.*

DocuSigned by:

*Tom Gustafson*

7203F52F76C843A

If Changing Registered Agent, Signature of New Registered Agent

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If adding 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>	<u>Type of Action</u>
MGR	RICHARD GUSTAFSON	2875 S Orange Ave Ste 500-PMB2615	<input checked="" type="checkbox"/> Add
		Orlando, FL 32806-5471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THOMAS WILLSON GUSTAFSON	2875 S Orange Ave Ste 500-PMB2615	<input checked="" type="checkbox"/> Add
		Orlando, FL 32806-5471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LESLIE GUSTAFSON	2875 S Orange Ave Ste 500-PMB2615	<input checked="" type="checkbox"/> Add
		Orlando, FL 32806-5471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

