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COVER LETTER

TO:

| TO: Registration S Division of Co | | | |
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| | S EPISCOPAL CHURCH PRE | SERVATION, LLC | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The englosed Articles o | f Amendment and fee(s) are sub | mitted for filing | |
| | ondence concerning this matter | _ | |
| | BLAKE HAYWARD | | |
| | | Name of Person | |
| | HAYWARD TITLE GRO | UP | |
| | | Firm/Company | |
| | 2121-G KILLARNEY WA | ΛΥ | SECRETAL 25 |
| | ···- | Address | 25 |
| | TALLAHASSEE, FL 3230 | 09 | |
| | | City/State and Zip Code | |
| | blake@haywardtitlegroup.c | | |
| For further information | E-mail address: (concerning this matter, please co | to be used for future annual report noti | fication) |
| | concerning this matter, prease c | | |
| BLAKE HAYWARD | | 850 386-4400 at () | |
| Name | of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for | the following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addr</u> Registration | | <u>Street Address:</u> Registration Se | |
| | Corporations | Division of Cor | |
| P.O. Box 63 Tallahassee. | | The Centre of T 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ST. JOHN'S EPISCOPAL CHURCH PRESERVATION, 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 $\frac{6/24/2024}{6}$ and assigned 1.24000284918 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE SPIRIT PRESERVATION, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" 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) 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

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.

City

, Florida

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> | Address | Type of Action |
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| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot Note: If the date inserted in this block does not meet the document's effective date on the Department of State's r | be prior to date of filing or more than 90 applicable statutory filing requires | 0 days after filing.) Pursuant to 605.0201 |
| e record specifies a delayed effective date, but not an effe rd is filed. | ctive time, at 12:01 a.m. on the ear | rlier of: (b) The 90th day after the |
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Filing Fee: \$25.00

Typed or printed name of signee