Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

<b>⊢</b> m ⊃ 1 l	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 800 IMMOKALEE PROPERTY OWNER, LLC

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K. SALY

MAY 15 2025

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2025 HAY 14 PM 3: 11
SECRETARY SEE FLORIDY

800 Immokalee Property Owner, 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 December 3, 2024 \_\_\_\_ and assigned Florida document number <u>L24000498948</u> 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) 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 \_. Florida \_\_

## 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.

Docusign Envelope ID: 898DB52B-7E7E-4A9C-8043-D7E69BD8C4E2
H amending 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>	Name	Address	Type of Action
MGR	Eric M. Levitt	2141 S Alternate A1A, Suite 440	CIAdd
		Jupiter, FL 33477	Remove
MGR	LS Immokalce Manager, LLC	2141 S Alternate A1A, Suite 440	
		Jupiter, FL 33477	□Remove
		<del></del>	☐ Change
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			SERVICE PH 3: 11 SERVICE PH 3: 11 Remove
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			☐ Change
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			Remove
			□Change

Effective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)		
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Occusioned by:	May 14	2025
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Signature of a member of authorized representative of a member		
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		Typed or printed name of signee

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