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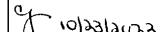
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TO:

Registration Section

Divis	sion of Corp	orations				
SUBJECT:	22A 136 N C	Chestnut St LLC				
SUBJECT	Name of Limited Liability Company					
The enclosed	Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		Luca Di Nunzio				
			Name of Person			
		Dorcey Law Firm				
			Firm/Company			
		10181 Six Mile Cypress Pkwy, Suite C Address				
		Fort Myers, FL 33966				
			City/State and Zip Code			
		support@dlfregisteredagent				
		E-mail address: (to be used for future annual report not	ification)		
For further in	formation co	ncerning this matter, please co	all:			
Luca Di Nun	nzio		239 308-1073			
	Name of	Person	Area Code Daytin	ne Telephone Number		
Enclosed is a	check for the	e following amount:				
≘ \$25.00 F	iling 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)		
• • •	T A 44		Compat Addunces			

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2023 OCT 16 AH 7: 50

22A 136 N Chestnut St 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 03/01/2021 and assigned Florida document number _____L21000099772 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 "LLC." 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

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: B2DB5C2D-4FB4-44CF-B798-AE2AADE2300C 11 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Roger O. Spool	7334 Acorn Way	
		Naples FL 34119	
			□ Add
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note:	tive date, if other than the date of filing:
e reco	ord 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.
Dated	9/15/2023
	DocuSigned by:
	ROOL O. Spool ADEDCS4AF8FE4F5 Signature of a member or authorized representative of a member
	Roger O. Spool

Filing Fee: \$25.00