4/5/23, 4:46 PM

Division of Corporations



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.

(((H23000128708 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP

Account Number : I19980000090 Phone : (407)839-4200 Fax Number : (407)839-4264

\*\*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 CIRCLE Y GROVES, LLC

| PROGRAMME PROGRAMME PROGRAMME CONTRACTOR OF THE PROGRAMME PROGRAMM | THE PROPERTY OF THE PROPERTY O |
|--|--|
| Certificate of Status  | 0  |
| Certified Copy   | 0  |
| Page Count   | (14  |
| Estimated Charge   | \$25.00  |

Electronic Filing Menu — Corporate Filing Menu

Help

PSB 1 1 SOS3

K. Brumbi#y

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(H23000129708 3)

| CIRCLE Y GROVES, LLC (Name of the Limi  | ted Liability Compa<br>(A Florida Limited) | ny as it now appears on our records.)<br>Liability Company)                                 |                       |  |  |
|---|--|---|-----------------------|--|--|
| The Articles of Organization for this Limited E<br>Florida document number L00000010850   | iability Company                           | were filed on September 8, 2000   | and assigned          |  |  |
| This amendment is submitted to amend the following  | lowing:                                    |   |                       |  |  |
| A. If amending name, enter the new name c   | of the limited liab                        | ility company here:   |                       |  |  |
| The new name must be distinguishable and contain the  | words "Limited Linbi                       | lity Company," the designation "LLC" or the abbr  | evintion 'E.C."       |  |  |
| Enter new principal offices address, if appli-  | cable:                                     | c/o Neison Mullins  | · 22                  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   |  | 390 North Orange Avenue, Suite 1400   | <del></del>           |  |  |
| (17 melpin vijjeje munem 11081 21. j. 01 ke.)   | 11 111111111111111111111111111111111111    | Orlando, Florida 32801  | 5 5                   |  |  |
|   |  |   | P2 15                 |  |  |
| Enter new mailing address, if applicable:   |  | c/o Nelson Mullins  |                       |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | 390 North Orange Avenue, Suite 1400   | . <u>u</u>            |  |  |
| drining address have my AF 091 0 et acar  |  | Orlando, Florida 3280!  |                       |  |  |
| B. If amending the registered agent and/or agent and/or the new registered office addressed and/or the new registered office addressed Agent:   |  |   | of the new registered |  |  |
| New Registered Office Address:  | 390 North Ora                              | nge Avenuc, Suite 1400  |                       |  |  |
|   | Enter Florida street address               |   |                       |  |  |
|   | Orlando                                    | , Florida <u>3280</u>   | 2801                  |  |  |
|   |  | City  | Zip Code              |  |  |
| New Registered Agent's Signature, if changing<br>I hereby accept the appointment as register<br>provisions of all statutes relative to the pro-<br>accept the obligations of my position as reg | ed agent and agi<br>per and complete       | -<br>ree 10 act in this capacity. I further agre<br>r performance of my duties, and I am fa | miliar with and       |  |  |
| heing filed to merely reflect a change in the company has been notified in writing of this  | registered office                          | address, I hereby confirm that the limi   | ted liability         |  |  |
|   | FO.  | hging Registered Agent, Signature of New Regi   | stered Agent          |  |  |

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

(H2300012870B 3)

(H23000128708 3)

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u>         | Address                             | Type of Action |
|-------|---------------------|-------------------------------------|----------------|
| P/D   | Henry C. Yntes      | 3825 Canoc Creek Road               | □∧dd           |
|       |                     | St. Cloud, Florida 34772            |                |
|       |                     |                                     | □Change        |
| MGR   | Laura Jo O. Thacker | 390 North Orange Avenue, Suite 1400 |                |
|       |                     | Orlando, Florida 32801              |                |
|       |                     |                                     | [IChange       |
|       |                     |                                     | D∧dd           |
|       |                     |                                     | CiRemove       |
|       |                     |                                     | Change         |
|       |                     |                                     | ClAdd          |
|       |                     |                                     |                |
|       |                     |                                     | □ Change       |
|       | 1801                |                                     | Add            |
|       |                     |                                     | DRemove        |
|       |                     |                                     | EChange        |
|       |                     |                                     | □Add           |
|       |                     |                                     | □Remove        |
|       |                     |                                     | Cloninge       |

|                                |  |                         |                                       |                       | (H23000                    | 128708 3)                        |
|--------------------------------|--|-------------------------|---------------------------------------|-----------------------|----------------------------|----------------------------------|
| lf amending                    | any other informatio   | n, enter change(s)      | ) here: <i>(Attach ac</i>             | dditional sheets,     | if necessary.)             |                                  |
|                                |  |                         |                                       |                       |                            |                                  |
|                                |  |                         | · · · · · · · · · · · · · · · · · · · |                       |                            |                                  |
|                                |  |                         | * · · ** ****                         |                       |                            |                                  |
|                                |  |                         |                                       |                       |                            |                                  |
|                                |  |                         |                                       |                       |                            |                                  |
|                                |  |                         |                                       |                       |                            |                                  |
|                                |  |                         |                                       |                       |                            |                                  |
|                                |  |                         |                                       |                       |                            |                                  |
| **                             | * 4 ***  |                         | <del> </del>                          | <del></del>           |                            |                                  |
|                                | <del></del> .  |                         |                                       |                       |                            | <del></del>                      |
|                                |  | <del></del>             | <u> </u>                              |                       |                            | <del></del>                      |
|                                | a  |                         |                                       |                       |                            | <del></del>                      |
|                                |  |                         |                                       |                       |                            |                                  |
| <del>-</del>                   |  |                         |                                       |                       |                            |                                  |
|                                |  |                         |                                       |                       |                            |                                  |
|                                |  |                         |                                       |                       |                            | <del></del>                      |
|                                |  | <del>.</del>            |                                       |                       |                            | and the second                   |
|                                |  |                         |                                       |                       |                            |                                  |
|                                |  |                         |                                       |                       |                            |                                  |
|                                |  |                         | <u>-</u>                              |                       |                            |                                  |
| Effective da                   | te, if other than the d  | ate of filing;          |                                       |                       | (optional)                 |                                  |
| Note: If the                   | late is listed, the date must be date inserted in this bloc officetive date on the Dep | k does not meet the     | applicable statutor;                  | ig or more than 90 de | ays after filling.) Pursua | nt to 605,0207<br>t be listed as |
| e record speci<br>rd is filed. | ifies a delayed effective o  | date, but not an effec  | ctive time, at 12:01                  | a.m. on the earlie    | er of: (b) The 90th (      | day after the                    |
| Data                           | April 4  | 2023                    |                                       |                       |                            |                                  |
| Dated                          | 1  | /\                      | ·                                     |                       |                            |                                  |
| (                              | April 4  ( ) 0 ( ) - 8   | ignature of a member of | or nutborized represen                | ntalive of a member   |                            |                                  |
|                                | aura Jo O. Thacker, pers   |                         |                                       |                       |                            |                                  |
|                                |  |                         | or printed name of sig                |                       |                            |                                  |