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COVER LETTER

TO: Registration Section Division of Corporatio	ons	
SUBJECT: Lund Co	apital Group, LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
The enclosed Articles of Amenda	ment and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
	Mris Wegner Name of Person	
Ī	Duggan Bertsch, LLC	
_\{	75 109 th Ave. N., Swite 302	
7	Japles, FLorida 34108 City/State and Zip Code cwegner @ duggan bertsch. com E-mail address: (to be used for future annual report notification)	2023 J.T.I
	E-mail address: (10 be used for future annual report notification)	M23J11124 F11H:42
For further information concerni		E.
Wegner Name of Person	at (239) 571-2721 Area Code Daytime Telephone Number	- 2
Enclosed is a check for the follo	owing amount:	
\$25,00 Filing Fee	\$30,00 Filing Fee & S60,00 Filing F Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status &
Mailing Address: Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations Division of Corporations The Centre of Tallahassee	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 8/24/2021 and assigned Florida document number L DDDDDDD 14 696 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 City

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.

If Changing Registered Agent, Signature of New Registered 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:

MGR = Manager

AMBR = Authorized Member **Type of Action** Address Title Name AMBR Roger Taft 5150 Tamiami Trail N Jado STE 301 Remove Naples, FL 34103 ____ Change _____ □Remove _ □Change . _-:⊡Remove -☐Change _____ □Add _____ □Remove _____ □Remove _____ Change Remove

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ote: If the date inserted in this block does not me	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 eet the applicable statutory filing requirements, this date will not be listed
ecument's effective date on the Department of St	are s records.
· · · ·	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
is filed. January 3	2023
ated $\frac{1/3}{2023}$,	·
1 - 1	member or authorized representative of a member
	and the control of th