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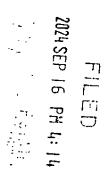
| | Requestor's Name) | |
|------------------------|-------------------------|-------------------|
| (4 | Address) | |
| | Address) | |
| (0 | City/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL |
| (E | Business Entity Name) | |
| | | |
| (E | Document Number) | |
| Certified Copies | Certificates of Statu | s |
| Special Instructions t | - | |
| | J. , SEP | HORNE 1 & 2024 |

Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Removal of a Mark Tompany Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| John Fezza Name of Person |
| Fezza Family Properties, L.L.C. |
| 458 Walls Way |
| City/State and Zip Code City/State and Zip Code Te-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| John Fezza at 94 914-450 Name of Person Area Code Dayume Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status & Cert |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fezza family Properties L. L. (Name of the Limited Liability Company as innow appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company | were filed on | and assigned |
|---|-----------------------------------|------------------------------------|
| Florida document number | | _ |
| This amendment is submitted to amend the following: | | N |
| A. If amending name, enter the new name of the limited liab | ility company here: | THISEP IN |
| The new name must be distinguishable and contain the words "Limited Labi | lity Company," the designation " | LLC" or the abbreviation "L.LoC." |
| Enter new principal offices address, if applicable: | 458 W | alls War ! |
| (Principal office address MUST BE A STREET ADDRESS) | os prey | F234229 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>en</u> | ter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street ad | dress |
| | | Florida |
| | Cdy | Zip Code |

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 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 |
|--------------|---------------|--------------------------------------|----------------|
| MG | R Heidi Fezza | 458 Walls Way | □Add |
| | | 458 Walls Way Osprey, FL 34229 | Remove |
| | | 34229 | □Change |
| | | | □Add |
| | | | ПРетюче |
| | | | □Change |
| | | | □Add |
| | | | □ Remove |
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| | | | Петюче |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |

| unent | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| reffecti t <u>e:</u> If t | date, if other than the date of filing: |
| cord sp i l'iled. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ed | a/11/24 |
| | Signature of a member or authorized representative of a member |
| | John Fezza |