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(((H23000441403 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH OF BOCA RATON

Account Number : 076376001555 Phone : (803)255-9617 Fax Number : (561)483-7321

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

Email Address: joanorthwein@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WALTON RIVER FFA ROAD, LLC

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K. SALY JAN - 3 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WALTON RIVER FFA ROAD, LLC

pg 2 01 4
FILED
2623 DEC 20
TALLAMASSEL PLONIO,
MASSEL FLORIDA

(Name of the Limiter	Liability Company as it A Florida Limited Liabilit	t now appe y Company	urs on our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L04000060343</u>	bility Company were			and assigned
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liability o	ompany	ner <u>e</u> :	
The new name must be distinguishable and contain the wo	rds "Limited Liability Co	mpany," the	designation "LLC" or the	: abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or reagent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	gistered office addre			
ALV NOBILITIES OF THE PROPERTY	Enter Florida street address			
	Gulf Stream	City	, Florida	33483 Zip Code
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this company	egistered Agent: I agent and agree to ir and complete perf tered agent as provi egistered office addi	uct in the formance ded for in ress, I her	Chapter 605 F.S.	Or, if this document is e limited liability

Fax Audit No. H23000441403 3

MGR = Manager

Fax Services

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

AMBR = Authorized Member Type of Action Title Name Address Joan K. Orthwein, Co-Trustee of Percy J. Orthwein, Il Revocable Trust MGR 543 Palm Way DAdd _____ dated 3-11-03, as amended Gulf Stream, FL 33483 ____ DRemove **≅**Change Katherine B. Orthwein, Co-Trustee of Percy J. Orthwein, Il Revocable Trust dated 3-11-03, as amended 543 Palm Way MGR _____ DAdd Gulf Stream, FL 33483 _ 🗆 Remove _ 🖹 Change 543 Palm Way MGR Percy J. Orthwein Gulf Stream, FL 33483 _____ ØRemove _____ □Change ____ DRamove Clininge _____□v@; PH 박: Reijijo ye □ Change _____ DRemove

_____ Change

Fax Audit No. H23000441403 3

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