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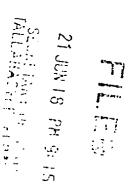
(Re	questor's Name)	
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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COVER LETTER

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SUBJECT	·	Name of Lim	ited Liability Company		
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		AMY M PRESTON CPA			
			Name of Person		
		BARNES PRESTON GLO	OBAL CPAS PA		
			Firm Company		
		2929 E COMMERCIAL BLVD, SUITE 409			
	Address				
	FORT LAUDERDALE FL 33308				
			City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	ication)	
For further	information co	oncerning this matter, please c	all:		
KAL	m GOR	mm	at 1954, 561-21	600	$\widetilde{\Sigma}_{c,\gamma}^{i}$
	Name of	i Person	Area Code Daytime	: Telephone Number	21 3
Enclosed is	s a check for th	e following amount:			JUN 18
≘ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	8 PH 9: IS

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 ARTICLES OF ORGANIZATION OF

THE FLORIDA LAND COMPANY, 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 $\frac{04/16\ 2007}{1}$ and assigned Florida document number $\frac{L07000040734}{L}$ 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 Zip Code 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 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			
AMBR	KATHY GORMAN	2900 N DIXIE HWY, SUITE 103				
		FT LAUDERDALE, FL 33334	□Remove			
			□Change			
AMBR	SUZAN H SMITH	2900 N DIXIE HWY, SUITE 103	■Add			
		FT LAUDERDALE, FL 33334	□ Remove			
			Change			
			□Add			
			□Remove			
			□Change			
			□ □Add □ CUN CO			
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te: If the date inser	d, the date must be specific and cannot be rted in this block does not meet the ap- date on the Department of State's reco	pplicable statutory filing requ	n 90 days after filing.) Pursuant to 60 irements, this date will not be lis	15 0201 ited as
cord specifies a del s filed.	layed effective date, but not an effecti	ive time, at 12:01 a.m. on the	earlier of: (b) The 90th day after	er the
/ /	15/22			
ed/	15 Jau	·		
ea/				

Filing Fee: \$25.00

Typed or printed name of signee