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COVER LETTER

то:	Registration Section Division of Corpora					*	
SUBJE	CT:	5. E	REA L	— H ited Liability Con	<u>LLC</u>	1	<u>. </u>
The en	dosed Articles of Ame	indment and	fee(s) are sub-	mitted for filing			
Please	return all corresponder	nce concerni	ng this matter	to the following	; :		
	-	S, P.C Nori	Bea Bea th Pa	Name of F Name of F Firm/Corr 149 Addres City/State and to be used for fund to be used for fund	pany O each	FL	33408 1. con
For fur	her information conce	rning this m					
J	Name of Pers	har	t	at (<u>5 c</u> Area ((6/1) 2 Code Di	52-6 aytime Telepho	80/ ne Number
Enclose	ed is a check for the fo	llowing amo	unt:				
13 S2.	5.00 Filing Fee	S30.00 Fili Certificat	ing Fee & e of Status	S55,00 Fi Certified (additional			\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED
2022 APR -7 PM 3: 04

(Name of the Limited Liability Company as it now appears on our records,)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{08/21/2007}{20085571}$	and assigned

This amendment is submitted to amend the following:

NA		
The new name most be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" c	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(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 agent and/or the new registered office address here:	nddress on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent: N/A		··-
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	Enter Florida street address Flori	da

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
MGR	Mark A. Erhart	P.O. Box 14901	½ ∕Add
		North Palm Beach, F	Z ⊡Remove
		33408	□Change
			□Add
			□Remove
			□Add
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on cf <u>ote:</u>	(optional) fective date, if other than the date of filing: (coptional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
recor Lis fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	April 1 2022
	Agnature of a member or authorized representative of member
	Rignature of a member or authorized representative of member
	TIII tobact Ma

Filing Fee: \$25.00