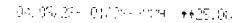
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Office Use Only



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R. HUNT 04/05/23

COVER LETTER

SUBJECT: Tiv	rer Lake Name of Limit	Ranck LLC red Liability Company	<u>-</u>
. The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
·Please return all correspon	ndence concerning this matter to	o the following:	
SUBJECT: Hiver Lake Ranch LLC 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: De Andra M. Buek Please Ranch Like Please Ranch Like Ranch			
	Bushr Civerlal F-mail address: (10	ceramba an	nail com
For further information co	oncerning this matter, please ca	R:	
DEANDKA Name of	Person B-Was	at (350) 18 Area Code Daytime	5803 Telephone Number
Enclosed is a check for the	c following amount:		
\$25,00 Filing Fee		Centified Copy	Certificate of Status & Certified Copy
Registration S Division of Co	ection orporations 7	Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

River Lake	L.L.C.	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) nability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 108000796	were filed on $08/21/2008$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the liability of the new name of the new n	LLC	reviation "L.L.C."
Enter new principal offices address, if applicable:	SAME	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	same	1
(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: Name of New Registered Agent: New Registered Office Address: Plus Sk	ndra M. Burk HIB Enter Florida street address LShnell Florida 5	of the new registered

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

Title Name 1 Address Type of Action Raymond L. Burk Change Jason E. Burk □Change □ Kemove \Box Add Remove Change \Box Add □Remove □Change \Box Add □Remove □ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	ny.j	
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this day document's effective date on the Department of State's records.	ng.) Pursuant to 605	5.0207 (3) ed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m.) The 90th day after the record is filed.	n, on the earlie	er of:
Dated March 28 2003		
Signature of a member or authorized representative of a member		
Typed or printed name of signee	ur X	

Page 3 of 3

Filing Fee: \$25.00