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COVER LETTER

TO:

| Sandy Gap Land Company, LLC | | | Name of Person Firm/Company Address 2 City/State and Zip Code Charcock Quarter of future annual report notification) all: at (| | |
|--|--|----------------------------------|---|-------------------------|--|
| SUBJEC | l: | Name of Lim | ited Liability Company | | |
| The enclo | sed Articles of . | Amendment and fee(s) are sub | mitted for filing. | | |
| Please reti | urn all correspo | ndence concerning this matter | to the following: | | |
| | | Elizabeth A Stevens | | | |
| | enclosed Articles of Amendment and feets) are submitted for filing. See return all correspondence concerning this matter to the following: Elizabeth A Stevens | | | | |
| | | | Firm/Company | | |
| | | 31 Tioga Lane | | | |
| Division of Corporations Surgical Surg | | | | | |
| Address Lake Placid, Florida 33852 City/State and Zip Code | | | | | |
| Firm/Company 31 Tioga Lane Address Lake Placid, Florida 33852 City/State and Zip Code Kerneth A Hancock Kenneth A Hancock 863 941-979-5226 | | | | | |
| For furthe | r information c | oncerning this matter, please ca | all: | | |
| Kenneth A | A Hancock | | at () | | |
| - | Name o | f Person | Area Code Daytim | e Telephone Number | |
| Enclosed | is a check for th | ne following amount: | | | |
| ■ \$25.0 | 0 Filing Fee | _ | Certified Copy | Certificate of Status & | |
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| Tallahassee, FL 32314 | | FL 32314 | 2415 N. Monro | e Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sandy Gap 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 $\frac{12/20/2019}{1}$ and assigned 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 "L.L.C." 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 Cirv

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> | <u>Address</u> | Type of Action |
|--------------|-------------------|--------------------------|----------------|
| AMBR | Kenneth A Hancock | 12653 SW County Road 769 | ∰Add |
| | | Suite D | □Remove |
| | | Lake Suzy, Florida 34269 | 5 |
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Filing Fee: \$25.00