Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMITH HULSEY & BUSEY

Account Number : 075030000653 Phone : (904)359-7700 Fax Number : (904)359-7708

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

Email Address: cbarfield@embarqmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GRUBBS 1-10, LLC**

| Certificate of Status | 0 |
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From: Fax, Admin , Fax: (((H22000217538 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Grubbs 1-10, LLC (Name of the Limit | ed Lishility Comps | ny as it now appears on our records.) | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
|---|-----------------------------|---|---|--|--|--|--|--|--|--|--|--|--|
| | (A Florida Limited I | inbility Company) | | | | | | | | | | | |
| The Articles of Organization for this Limited Li Florida document number L09000116932 | ability Company | were filed on December 8, 2009 | and assigned | | | | | | | | | | |
| This amendment is submitted to amend the follo | owing: | , | | | | | | | | | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| The new name-must be distinguishable and contain the w | ords, "Limited Linbil | lity Company," the designation "LLC" or | the abbreviation "L.L.C." | | | | | | | | | | |
| Enter new principal offices address, if applic | 4434 South Jefferson Street | | | | | | | | | | | | |
| Principal office address MUST BE A STREE | • | Lamont, FL 32336 | | | | | | | | | | | |
| Elincipal office address MOST DE A STREE | I AUUNESSI | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Enter new mailing address, if applicable: | | 4434 South Jefferson Street | | | | | | | | | | | |
| (Mailing address MAY BE A POST OFFICE | Lamont, FL 32336 | | | | | | | | | | | | |
| : | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| B. If amending the registered agent and/or r | | address on our records, enter the | name of the new regist | | | | | | | | | | |
| agent and/or the new registered office addres | s here: | | 322 | | | | | | | | | | |
| | o | | | | | | | | | | | | |
| Name of New Registered Agent: | Connie Barfield | <u>u</u> | 3 7 3 3 7 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 | | | | | | | | | | |
| New Registered Office Address: | 4434 South Jeff | | 二 点 | | | | | | | | | | |
| | | Enter Florida street address | 3 | | | | | | | | | | |
| | Lamont | , Florid | ··· | | | | | | | | | | |
| | • | City: | ZipKode | | | | | | | | | | |

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

. 06/23/2022 4:15 PM

};Fax; If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

or removed from our records:

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|--|-----------------|
| MGR | Connie Barfield | 4434 South Jefferson Street | |
| | | Lamont, FL 32336 | □Remove |
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