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Y. SCOTT OCT 2 1 2023

COVERLETTER TO: Registration Section Division of Corporations Changed to: Pide Tree Lake, LLC Simultaneously with the SUBJECT: Pinetree Lake LLC Simultaneously with the Subject: Name of Emitted Liability Company of Grandolyn F. McLin as Manager. The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sharpar McLin Name of Person

Name of Person	
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Pine Tree Lake, Lic 83	SECT DIVISIO
2201 (rordor talk	A CETAL
The Villacus Fl. 32163	LED RY OF S CORPOR
City/State and Zip Code	TATE
Smclin & Floridae preals - com E-mail address: (to be used for future ainual report notification)	,

For further information concerning this matter, please call:

Shansa McCin at 352 874-8100

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$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;

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Cht 551

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

Pine	tree Lak	y LLC			
(Name of the Limited (A	Liability Company as it Florida Limited Liability	now appears on our Company)	records.)		
The Articles of Organization for this Limited Liab		iled on	5/10	and assigned	i
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the first the new name of the first the new name must be distinguishable and contain the work. Enter new principal offices address, if applicate the first the first the new name of the first the new name of the	ds "Limited Liability Comple:	LLC	on "LLC" or the abb	reviation "L.L.C." Path FL 32167	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>(_S</u>	مر من	ملم	ie)	<u> </u>
B. If amending the registered agent and/or regagent and/or the new registered office address	here:	201		of the next -6	DIVISION FILE
Name of New Registered Agent:	Shann	2 \ (1)	<u>Un</u>	2 7 DR	8.0 18.0
New Registered Office Address:	220	Gordor Enter Florida stree	Path Huddress		肃
	The Villa	, ,	, Florida	32163 Zip Code	 -

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	Guendolyn F. McLin	2201 Gordon Path The Villags, Fr. 32163	□Add
		32163	XRemove
			Change
MGR	Shanon McLin	2201 Gordon Path The Villages, Fr 32163	\ZiAdd
		The VIIIASIS, 42 32163	□Remove
			□Change
AMBR	Christopher Blair Carlyle	The Villages, FL	l X Add
			Remove
			Change
AMBR	Bryce Milin Carlyle	2201 Gordon Path	KAdd
		2201 Gordon Path The Villages, fr. 32163	□Remove
			□ Change
AMBR	Cameron Ausley Cartyle	2201 Godon Path	KlAdd
		The Villages, Fr	🗆 Remove
		32163	□Change
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effective date is I	isted, the date m	ust be specific and	d cannot be prior	to date of filing	or more than 90	(optional days after fili	ng) Pursuant to 605 00
<u>e:</u> If the date in ument's effectiv	serted in this life date on the	block does not i Department of S	neer the applic State's records	able statutory	filing requiren	nents, this da	nte will not be listed
ord specifies a	delayed effect	ive date, but not	an effective t	ime, at 12:01 a	.m. on the ear	lier of: (b)	The 90th day after th
filed.							
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		Signature of a	member or auth	prized represent	M Cative of a memb	·	···
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