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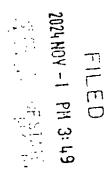
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TO:	Registrati Division o								
SUBJE	CT:	CROSS	CREEK	PROPER'	ΓY	MANAGEM	ENT,	LLC	
				Name of L	imite	ed Liability Cor	npany		
The enc	losed Artic	les of Ame	endment an	d fee(s) are s	ubm	nitted for filing	; .		
Please r	eturn all co	rresponde	nce concern	ing this matt	er to	the following	g:		
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		-				Name of P	erson		
			Cr	oss Cr	eek	k Proper	ty Ma	nagement	t, LLC
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				E-mail address	i: (to	be used for fun	ire annual	report notificat	ion)
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	Mailing A		•				Street A		
Registration Section					Registration Section Division of Corporations The Centre of Tallahassee				
Division of Corporations P.O. Box 6327									
	Tallahas	see, FL 3	32314				2415 N		reet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 NOY -1 PM 3: 49

CROSS CREEK PROPERTY MANAGEMENT, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 4/24/2012 The Articles of Organization for this Limited Liability Company were filed on _ and assigned Florida document number _L12000055204 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 _, Florida ___

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.

City

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	KHAN, WAJAHAT	10566 Cory Lake Dr	
		Tampa, FL 33647	□Remove
			(If Change
MGR	WAJAHAT ULLAH KHAN AND	10566 CORY LAKE DR	□ Add
	GUL SAHER WAJAHAT, TRUSTEES O THE WAJAHAT ULLAH KHAN AND GUL SAHER WAJAHAT REV LIV TRUST AG, DTD 07-28-23	TAMPA, FL 33647	Remove
	, , , , , , , , , , , , , , , , , , ,		<u></u> ☑Change
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(If an effec Note: If	e date, if other than the date of tive date is listed, the date must be speci- the date inserted in this block does it's effective date on the Departmen	cific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(bes not meet the applicable statutory filing requirements, this date will not be listed as the
the record : cord is filed		but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	October 30th	. 2024
	Cignotte	re of a member or authorized representative of a member
	AHALAW	Typed or printed name of signee

. . .

Filing Fee: \$25.00