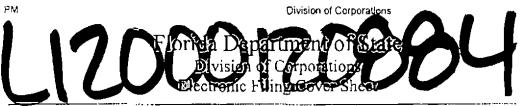
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(((H21000466475 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 : (727)442-1200 Fax Number : (727)443-5829

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DUCKWATERS PROVERB, LLC

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Help

Audit Fax# H21000466475 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUCK WATERS PROVERB, LLC				388) 188) 17
(Name of the Limit	ed Liability Compa (A Florida Lamited I	ny as it now appears (.:ability Company)	on our records.)	m = 1
The Articles of Organization for this Limited L Florida document number L12000120884	iability Company	were filed on 09/19	9/2012 an	d assignation
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company her	:	
The new name must be distinguishable and contain the v	mude "I imited I inhi	lity Company " the des	ignation "LLC" or the abbreviati	on "L.L.C."
		1245 COURT ST		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		CLEARWATER,		
Trincynii office indiress moore roomas				
Enter new mailing address, if applicable:				
(Mulling oddress MAY BE A POST OFFICE BOX)		_		
		-		
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ss here:	address on our rea	cords, enter the name of th	e new registere
Name of New Registered Agent:	ALAN S. GAS	SMAN, ESQ.		
New Registered Office Address:	1245 COURT STREET			_
New Registered Office Marces.	New Registered Office Address. Enter Flori			-
	CLEARWATE		, Florida 33756	
		City	Zip	Code
New Registered Agent's Signature, if changing				
I havely account the appropriate and register	ad again and ag	ree to act in this o	anacity. I further agree to	comply with th

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

Audit Fax# H21000466475 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	DAVID D. SERFASS	PO BOX 2528	∐Abd
		TARPON SPRINGS, FL 34688	≣Ranave
			Change
MGR	JANINE J. SERFASS	PO BOX 2528	(J.Add
		TARPON SPRINGS, FL 34688	\(\begin{align*} \begin{align*} align*
			
MGR	ROCKHOPPER 2022, L.L.C., a Wyoming limited liability company	1245 COURT STREET	≅Add
		CLEARWATER, FL 33756	□Rеточе
		©Change	
			DAdd
			□ Remove
			Change
			DAdd
			□ Remove
			ClChange
		<u></u>	
			Петоче
			□Change

Audit Fax# H21000466475 3

	ALAN S. GASSMAI	N, ESQ.	Typed or printed nu	me of Signee		of STATE E. FLORIDA	2021 DEC 27 AM 11: 26	E
		Signature of a	a member of authorized	representative of u me	mber	AHASSE	1 DEC 27	; = =
Date	December 23		2021			TALL	202	
If the record is	ord specifies a delayed effec filed.	ctive date, but no	ot an effective time, s	it 12:01 a.m. on the c	arlier of: (b) The 90	th day after	the	
Note	tive date, if other than to fective date is listed, the date of If the date inserted in this ment's effective date on the	the date of tilir must be specific and block does not	ng: Id cannot be prior to dat meet the applicable :	e of filing or more than	(optional) 90 days after filing) Put	suant to 605.6 not be liste:	0207 (3)(b d as the)
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