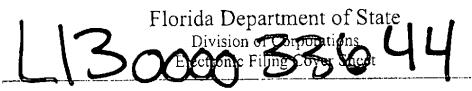
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Division of Corporations



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Account Name : HAHN LOESER + PARKS LLP

Account Number : I20050000053 Phone : (216)621-0150 : (216)241-2824 Fax Number

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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C. BRUMBLEY

W 1 6 2 2022

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7370 Southwest, LLC				() ()	92;	
Name of the Limited Lia (A Flor	bility Company onda Limited Lial	as it now appear ulity Company)	s on our records.)	-16	022 NOV	-
The Articles of Organization for this Limited Liability Florida document number L13000033644	y Company w	ere filed on M	arch 5, 2013	O.S.	ssi gned	
This amendment is submitted to amend the following	; ;			STAI E.FL	AM 10: 45	
A. If amending name, enter the new name of the li	imited liabilit	y company he	re:	μ	က	
The new name must be distinguishable and contain the words "L	Limited Liability	Company," the d	esignation "LLC" or	the abbreviation "	L.L.C."	_
Enter new principal offices address, if applicable:	-					
(Principal office address MUST BE A STREET AD.	DRESS)			· 		_
	-				···	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- <u>!</u> _					_
B. If amending the registered agent and/or registe agent and/or the new registered office address here		fress on our re	ecords, <u>enter the</u>	name of the ne	ew regis	tered
Name of New Registered Agent:				 		
New Registered Office Address:	···	Enter Flor	ida street address			_
			, Florid	ล		
		Oη	- -	Zip Code	'	_
New Registered Agent's Signature, if changing Registe	ered Agent;					
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	d complete pe d agent as pro tered office ac	rformance of wided for in C	my duties, and I Thapter 605, F.S.	am familiar w Or, if this doc	ith and ument i	
	If Changii	ig Registered Ag	ent, Signature of Ne	w Registered Age	nt	

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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

Title	Name	Address	Type of Action
MGR	Thomas B. Birch	7370 College Perkway	□ Add
		Suite 210	
		Fort Myers, FL 33907	
MGR	Thomas B. Birch, Trustee of the	7370 College Parkway	Add
	Thomas B. Birch Trust dated 12/6/1995	Suite 210	·
		Fort Myers, FL 33907	
			□Add
			□Remove
			CAdd
			Remove
			□ Change
			⊡Add
			□Remove
			UChange
			——— ⊡Add
			□Remove
			□Change

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fect	ive date if other than the date of filing: (optional)
un ef	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
ore:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is fi	led.
	1 4 2022
ated	August 7. 2022
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	Champs Buch