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(Re	equestor's Name)	,
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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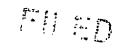
7022 OCT -3 AN 8: 29

COVER LETTER

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	D Az.	111			
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Mic	they Was			
		Name of Person			
		WFP LAW PA			
	Articles of Amendment and Rec(s) are submitted for filing. all correspondence concerning this matter to the following: Mane of Person				
	nelosed Articles of Amendment and fee(s) are submitted for filing. e return all correspondence concerning this matter to the following: MILHAL III Name of Person				
		Address			
	P	unormul for 33224			
		City/State and Zip Code			
	F-mail address: (to be used for future annual report noti	fication)		
For further information c					
Music	Diling	्रा (पट्च) विस्ति ।			
Name o	f Person	Area Code Daytim	e Telephone Number		
/	ne following amount:				
№ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Addres	<u>is:</u>				
Registration !	Section	-	Registration Section		
P.O. Box 632	· · · · · · · · · · · · · · · · · · ·		The Centre of Tallahassee		
Tallahassee,		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 OCT -3 AH 8: 29 **BUCATILLC** (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/01/2013}{1}$ Florida document number $\frac{1.13000063665}{-}$ 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

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 Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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>	<u>Address</u>	Type of Action
AMBR	COLLIN, CHERYL	P.O. BOX 3031	
		PALM BEACH, FL 33480	■Remove
			Change
MGR	OCEAN PLACE HOLDINGS LLC	327 DYER ROAD	= Add
		WEST PALM BEACH, FL 33405	🗆 Remove
			©Change
			□ Add
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Note: If the date	f other than the s listed, the date mus inserted in this blo tive date on the De	ock does not	meet the app	olicable statuto	ing or more than ory filing requir	(optional 90 days after filin ements, this dat	l) g.) Pursuant to 605. e will not be liste	.0207 :d as
e record specifies rd is filed.	a delayed effective	e date, but no	ot an effectiv	e time, at 12:6	I a.m. on the e	arlier of: (b) T	he 90th day after	the
Dated	22		2022	·				
	Daniel	(A)C	(·					
	<u>Crowy</u> I	<u> </u>						
	Chery	Signature of a	a member or a	uthorized repres	sentative of a me	nber		

Filing Fee: \$25.00