5/1/23, 11:19 AM

Division of Corpositions

Note: Please print this page and use it as a rover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

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Ta:

Division of Corporations as flumber : (M50)617-6333

Account Name : 1EC+, MARRIS, RAYNOR & JONES, P.A. Account Number : 128888980218

: (561)746-1602 Fax Number : (561)775-027a

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

[janet@protocolhs.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

997 A1A, LLC

| Certificate of Status | 0 |
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K. Brumble!

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 997 ATA, LLC | | |
|--|--|---|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company v Florida document number <u>L13000115638</u> | vere filed on 08/15/2013 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter non-mariline 11 to 11 to | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | • |
| | | |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: | dress on our records, enter the n | ame of the new registered |
| Name of New Registered Agent: | | ~ |
| New Registered Office Address: | | 0231 |
| | Enter Florida street address | |
| | , Florida | <u> </u> |
| New Registered Agent's Signature, if changing Registered Agent: | City | Zip Code ,-; |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | erformance of my duties, and Lai ovided for in Chapter 605 FS (| m familiar With and Or-if this document is |

If Changing Registered Agent, Signature of New Registered Agent

From: Bailey Kelel - Fax: 15617132084

To:

Fax: (850) 617-6383 ((([TZSUUU 10 + 70 + 577)

_____ □Change

Page: 8 of 21 05/01/2023 3:36 PM

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

| Title | <u>Name</u> | Address | Type of Action |
|-------|-------------|---------|----------------|
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From: Bailey Keles - Fax: 15617132084

To.

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| | icle IV of the Articles of Organization is deleted. |
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| ffective | date, if other than the date of filing: (optional) |
| an effecti | we date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605.0 |
| ocumeni | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records. |
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| record s | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t |
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| | Whiteham ! |
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| | Signature of a member or authorized representative of a member |

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