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TO:	Registration Se Division of Cor	ection porations			
SHO IEC	Norfleet-G	reen Development II LLC			
SOBJEC	T:	Name of Lin	nited Liability Company		
The analy		A			
		Amendment and fee(s) are sub	_		
Please re	turn all correspo	indence concerning this matter	to the following:		
		Tripp Norfleet			
			Name of Person		
			Firm/Company		
		5820 SE CR 337			
			Address		
		Newberry, Florida 32669			
			City/State and Zip Code		
		billsnorfleetconstruction@g	gmail.com to be used for future annual report notif		
For furthe	er information c	oncerning this matter, please c	ŕ	reaction)	
Cameron		, , , , , , , , , , , , , , , , , , ,	407 744-5980		
		f Person	at ()	77 1 1 1 1 1	
	(varie o	i r cison	Area Code Daytime	: Telephone Number	
Enclosed	is a check for th	ne following amount:			
≘ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
]]]	Mailing Address Registration S Division of C P.O. Box 632 Fallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroo Tallahassec, FL	porations allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Norfleet-Green Development II LLC			
(<u>Name of the Limited I</u> (A	<u>Liability Comp</u> Florida Limited	any as it now appears on our Liability Company)	records.)
he Articles of Organization for this Limited Liabilorida document number <u>L13000170393</u>	ility Company 	y were filed on $\frac{\text{Dec. }10,20}{\text{Dec. }10,20}$	and assigned
nis amendment is submitted to amend the followi	ing:		
. If amending name, enter the new name of th	e limited lial	bility company here:	
A			
ne new name must be distinguishable and contain the word	s "Limited Liab	ility Company," the designatio	n "LLC" or the abbreviation "L.C."
nter new principal offices address, if applicabl	le:	NA	
rincipal office address MUST BE A STREET ADDRE			·*;
		NA	, ý,
nter new mailing address, if applicable:		INA	<u></u>
<u> Aailing address MAY BE A POST OFFICE BO</u>	<u> </u>		
If amending the registered agent and/or registered affice address had now registered office address had now registered Agent:			enter the name of the new regis
	5820 SE CR 3	37	
New Registered Office Address:		Enter Florida street	address
	Newberry		, Florida 32669 Zip Code
-		City	Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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
			□Add
			□ Remove
			□Change
			
			🗀 Remove
			©Change
			□Add
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			□Remove
			□ Change
			□ Add
			□Change

 If amending any other informalist NA 	nation, enter change(s) h	ere: (Attach additiona	il sheets, if necessary.)	
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Effective date, if other than to (If an effective date is listed, the date) Note: If the date inserted in this document's effective date on the	must be specific and cannot be pro-	olicable statutory filing re		
the record specifies a delayed effectord is filed.	rtive date, but not an effectiv	re time, at 12:01 a.m. on	the earlier of: (b) The 90th	day after the
Dated June 24	2024	 '		
<u> </u>	Myflest	THE MAN AND THE PROPERTY OF THE PARTY OF THE	a mambar	
E. D. Norfleet, III	Signature of a member or a	umorizea representative of	a incinuer	
	Typed or p	rinted name of signee	<u></u>	

Filing Fee: \$25.00