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COVER LETTER

TO: Registration So Division of Co			,
Dogwood :	Management Partners LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Paul Maynard		
	-	Name of Person	
	Dogwood Management Pa	artners LLC	
		Firm/Company	
	806 Bunker View Dr		
		Address	
	Apollo Beach, FL 33572-7	7410	
		City/State and Zip Code	
	pmaynard@dogwood.net		A
For further information of	encerning this matter, please c	to be used for future annual report noticall:	neation)
Paul Maynard		707 761-7152	
Name c	t Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee,	rl <i>523</i> 14	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dogwood Management Partners I.			
(Name of the Lim	nited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited land of the Indianal Indiana Ind	Liability Company were t	filed on November 21, 2014	4 and assigned
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liability co	empany here:	
he new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE			
3. If amending the registered agent and/or		s on our records, <u>enter th</u>	e name of the new registe
gent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	Paul Maynard		<u> </u>
New Registered Office Address:	806 Bunker View Dr		三、星
	Apolio Beach	Enter Florida street address Flori	da 33572-7410
	Cit).	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Edward P. Rigel, Jr.	1608 Indian Way	≡ Add
		Cumming, GA 30040-3581	□Remove
		 	□Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□ Remove
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Effective	e date, if other the	ian the date	of filing:	onnat ha nric	er to data of 61	ing or more th	(opt	ional)	omt to 605 0207
Note: If	the date inserted int's effective date of	n this block de	oes not me	et the appli	cable statuto	ry filing requ	irements, th	is date will no	ot be listed as
	specifies a delayed l.	effective date	, but not a	n effective	time, at 12:0	l a.m. on the	earlier of: (b) The 90th	day after the
rd is filed	(July 3,			2023	·				
rd is filed	(July 3,	14.0	,	2023	·				
rd is filed	X July 3,	MySigna	ture of a me	2023	norized repres	entative of a n	nember		