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COVER LETTER

	ion Section of Corporations	•	# . S
Dogs	wood Management Partners LLC	,	•
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	prespondence concerning this matte	er to the following:	
	Ross E. Statham		
		Name of Person	
	Dogwood Management F	artners LLC	
		Firm/Company	
	13194 US Hwy 301S, Su	ite 222	
		Address	
	Riverview, FL 33578		
		City/State and Zip Code	
	pmaynard@dogwood.net		
		(to be used for future annual report notific	cation)
For further informa	ation concerning this matter, please	call:	
Ross Statham		770 329-5400 at ()	
```	Name of Person	Area Code Daytime	Telephone Number
Enclosed is a check	k for the following amount:		
<b>S</b> \$25.00 Filing	Fee S30.00 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)
<b>N</b> 4_211 A	Addression		
<u>Mailing A</u> Registra	Address: ition Section	Street Address: Registration Sec	tion
Division	of Corporations	Division of Corp	oorations
P.O. Bo	x 6327	The Centre of Ta	allahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dogwood Management Partners LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our record da Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability		and assigned
Florida document number L14000180692	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		24
Principal office address MUST BE A STREET ADD	RESS)	
		- BE 6 F
Enter new mailing address, if applicable:		7. F
Mailing address MAY BE A POST OFFICE BOX)		26 26
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter</u>	the пате of the new register
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	;
		orida
	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 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
AMBR	Paul L. Maynard	806 Bunker View Dr	
		Apollo Beach, FL 33572-2808	□Remove
			≣Change
			□ Add
			□ Remove
			Change
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ective date, if other than the on effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	be specific and cannot be priced does not meet the appli-	icable statutory filing re	(optional) than 90 days after filing.) Purs equirements, this date will t	uant to 605.0207 not be listed as
cord specifies a delayed effective s filed.	date, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The 90th	h day after the
red May 2	2024			
	Signature of a member or aut			
	<i>A</i> -2	. > VINT//N	/	

Filing Fee: \$25.00