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

(((H24000158063 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 : (561)694-8107 Fax Number : (561)214-8442

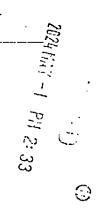
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRANQUILITY ESTATE HOLDING LLC

Certificate of Status	0
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Estimated Charge	\$25.00



T. LEMIEUX

MAY 0 2 2024

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF** *:*: TRANQUILITY ESTATE HOLDING LLC (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 I	Liability Company v	were filed on <u>07/13/2015</u>	and assigned	
Florida document number L15000120184	······································			
This amendment is submitted to amend the fol	lowing:			
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 Liabili	ty Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)		702!	
				
			1	
B. If amending the registered agent and/or	· ·	ddress on our records, <u>enter</u> i		
agent and/or the new registered office addre	ess here:			
			2:	
Name of New Registered Agent:	Corporate Creat	ions Network Inc.	<u> </u>	
New Registered Office Address:	801 US Highwa	y 1		
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

North Palm Beach

, Florida 33408

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>	Address	Type of Action
MGR	DILLAVOU, CHRIS		□Add
			
			□ Change
AMBR	NORMAN, GREG		□Add
			■ Remove
			Change
MGR	Greg J Norman	19940 Mona Road, Suite 3	■ Add
		Jupiter, FL 33469	□ Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□Add
			□ Remove
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	e date inserted in thi	must be specific and	d cannot be prior t neet the applica			nal) filing.) Pursuant to 605.020 date will not be listed as
fan effective <u>Note:</u> If th	s effective date on th					
fan effective Note: If the document's record spe		ective date, but not	ı an effective tin	ne, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
fan effective Note: If the document's e record sperd rd is filed.				ne, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
If an effective Note: If the document's e record spected is filed. Dated April	ecifies a delayed effe		2024			The 90th day after the
If an effective Note: If the document's e record spe rd is filed. Dated April	ecifies a delayed effe il 30		2024	ne, at 12:01 a.m.		The 90th day after the

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