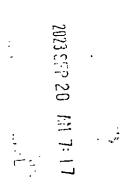
L16000123106

(Requestor's Name)					
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то:		gistration Se- ision of Cor			•	
			odruff Property, LLC	9	*	
SUBJE	ECT:		Name of Lim	ited Liability Company		
The end	closec	l Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please	return	all correspo	ndence concerning this matter	to the following:		
			Kathey B Fanning			
				Name of Person		
			Gator's Woodruff Property	, LLC		
				Firm/Company	· · · · · · · · · · · · · · · · · · ·	
			576 Woodruff Avenue			
				Address		
	Jacksonville, FL 32254					
				City/State and Zip Code		
			kathey@gatorcoin.com	to be used for future annual report i		
For fur	ther ii	nformation c	e-mail address: (ouncation)	
Kathey			,	904 356-4301		
		Name of	r Person	at () Area Code Day	time Telephone Number	
Enclos	ed is a	a check for th	ne following amount:			
⊡ \$2	5.00 I	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)	
Mailing Address: Registration Section		Street Address Registration				
Division of Corporations				Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
		2415 IN. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP 20 All 7: 17 Gator's Woodruff Property, 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 Liability Company were filed on 06/27/2016 and assigned Florida document number L16000123106 This amendment is submitted to amend the following: 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 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.

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
MGR	Fanning, Jonathan	576 Woodruff Avenue	■Add
		Jacksonville, FL 32254	Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			Remove
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□Change

_	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• _	
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-	
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(If an effec <u>Note:</u> I	e date, if other than the date of filing:
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Soft. 18, 2023
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	HAthey B. FAnning Typed or printed name of signee
	/ Typed or printed name of signee

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