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COVER LETTER

Division of Cor	porations				
Furlong Se	awalls LLC				
SUBJECT: Same of Limited Liability Company					
The enclosed Articles of	Amendment and file(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Elizabeth Conley				
		Name of Person			
	A Tax Shelter				
		Firm/Company			
	3704 US Hwy 301 North S	Suite 3			
		Address			
	Ellenton, FL 34222				
		City/State and Zip Code			
	Elizabeth@ataxshcher.com				
	E-mail address: (to be used for future annual report not	tilication)		
For further information of	oncerning this matter, please c	all:			
Michael Furlong		941 416-6073 at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ha fallawing grount				
		Control III II II	F7 67000 PT - P		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres	<u>ss:</u>	Street Address:			
Registration :	Section	Registration Section			
Division of C	lorporations	Division of Co	rporations		

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUN 16 AM 7: 43

Furlong Seawalls LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) (A Section 1)

The Articles of Organization for this Limited Liability Company	y were filed on 11/27/20)17	_ and assigned
Florida document number L17000242931			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	ition "LLC" or the abbre	viation "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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			f the new registered
	Enter Florida str		
	City	Florida	Ziv Code
New Registered Agent's Signature, if changing Registered Agent	•		,
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capac performance of my d provided for in Chapt	luties, and I am fan Ier 605, F.S. Or, if i	niliar with and this document is
If Cha	nging Registered Agent, S	ignature of New Regist	cred 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
AMBR	Aaron Lessard	702 51st St Apt 1114B	= Add
		Bradenton, FL 34208	□Remove
			□Change
			Add
			⊡Remove
			□ Change
			🗆 Add
			☐ Change
		<u></u>	□Add
			□Remove
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			□Remove
			□ Change

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9 Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear ord is filed. Dated 26th of May 2023	
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Dated 26th of May 2023	(optional) Didays after filing.) Pursuant to 605.0207 (inents, this date will not be listed as the
Dated	lier of: (b) The 90th day after the
MART	
UNCHO	
Signature of a prember or authorized representative of a mem	ner
Michael Furlong	

Filing Fee: \$25.00