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(Business Entity Name)	
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R. HUNT 05/21/23

COVER LETTER

TO: Registratio	on Section Corporations	COVERCETTER	
	225 Grove	E Eustis Flore Limited Liability Company	ida LLC
The enclosed Articles Please return all corres	of Amendment and fee(s) are spondence concerning this man	submitted for filing. ter to the following:	
	Beino	Name of Person	
	225 Gr	OVE FUSTIS F	Porida LLC
	17050	SE 173 Terra	
	Derni B-mail address:	City/State and Zip Code Ceducell a g Me (to be used for future annual regist notion	ail, con
For further information c	oncerning this matter, please o	call:	0
Berna Name o	rd Durell	at (<u>467)</u> <u>579</u> Area Code Daytime	1880 e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$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 Address			

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(A Flo	orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L 18000153</u>	y Company were filed on <u>Tune 22 2018</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	
The new name must be distinguishable and contain the words "L	imited 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 ADD	ORE.S.S)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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 the name of the new registered</u>
Name of New Registered Agent:	Bernard Durell
New Registered Office Address:	17050 SE 173 TERRACE Ra
	Weirsdole Florida 32195 City Zip Code
New Registered Agent's Signature, if changing Designation	٠

gent'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

Title Name Address Type of Act AMBR Sandra Durell 17050 SE 173 Terreur Rd Dadd Weirsder, F1 32145 Remove Change Change Change Change	$m_{\rm GR} =$	Manager Authorized Member	manage, enter the title, name, and address of eac	e person being
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