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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : OLIVE JUDD, P.A. Account Number : I20200000171

Phone : (954)334-2250

Fax Number : (888)503-5258

Enter the email address for this business entity to be used for future5: annual report mailings. Enter only one email address please.

| Email | Address: | | | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FDG GOLDEN TRIANGLE 2, LLC

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FEB 2 7 2024

COVER LETTER

| TO: Registration S Division of Co | ection rporations | • | . |
|--------------------------------------|---|--|--|
| FDG GOL | DEN TRIANGLE 2, LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sul | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Kristy E. Armada, Esq. | | |
| | | Name of Person | |
| | Olive Judd, P.A. | | |
| | | Firm/Company | |
| | 2426 East Las Olas Boule | vand | |
| | | Address | |
| | Fort Lauderdale, FL 3330 | | |
| | | City/State and Zip Code | |
| | karmada@olivejudd.com | to be used for future annual report | notification) |
| For further information c | oncerning this matter, please c | | in the day of the second |
| Kristy E. Armada | | 954 334-2256 at () |) |
| Name o | i Person | Area Code Day | time Telephone Number |
| Enclosed is a check for t | ne following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 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) |
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| Mailing Address Registration S | | Street Address Registration | |
| Division of C | | Division of C | |

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

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

Sav.

To: 8506176381@rctax.com Fax: (850) 617-6381 (((H24000075296 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Page: 4 of 6 02/26/2024 11:42 AM

FILEC

2024 FEB 26 PM 3: 51

FALL AHASSEE, FLORIO,

FDG GOLDEN TRIANGLE 2, 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 v | were filed on 9/11/2018 | and assigned | |
|---|--|---|--|
| Florida document number 1.18000216505 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | | |
| Heritage LG 11 LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liability | ty Company," the designation "LLC" or the ab | breviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | <u>.</u> | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| murcia mirita mini and an | | | |
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| B. If amending the registered agent and/or registered office ac | idress on our records, enter the nam | e 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 | | |
| | , Florida | | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change. | performance of my duties, and 1 am f vovided for in Chapter 605, F.S. Or. | amiliar with and if this document is | |
| If Chang | ing Registered Agent, Signature of New Rej | ristered Agent | |

MGR = Manager

Page: 5 of 6

02/26/2024 11:42 AM

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| <u>Title</u> | Name | Address | Type of Action |
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| Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department. | c does not meet th | ne applicable stati | filing or more than 90 da dory filing requireme | ats, this date will no | nt to 605.0207 (3)(t be listed as the |
| e record specifies a delayed effective ord is filed. | late, but not an ef | fective time, at 12 | :01 a.m. on the earlie | r of: (b) The 90th (| lay after the |
| Dated February 23 | 200 | 24 | | | |
| 1/:64 | Maria da | Λ , | esentative of a member | | |

Typed or printed name of signee