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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FL PATEL LAW PLLC

Account Number : 120170000097 Phone : (727)279-5037 Fax Number : (727)888-1294

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

Email Address: Rossrmccabe@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CROW CANYON PROPERTIES, LLC

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T. LETTELLY

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crow Canyon Properties, LLC	• '
	Florida Limited Liability Company) 23 12 22
The Articles of Organization for this Limited Liabi	ility Company were filed on July 31, 2019 and assigned
Florida document number L19000185235	
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered affice address h	stered office address on our records, <u>enter the name of the new registered</u> tere:
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
_	, Florida
•	City Zin Code

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 Changing Registered Agent, Signature of New Registered 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>	Name	Address	Type of Action
AMBR	Ross Robert McCabe III	1140 Eagle Point Drive	
		St. Augustine, FŁ 32092	_
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			☐ Change
····			DAdd
			□Remove
			□ Change
			🗆 Add
			□Remove
			☐ Change

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			·····	
ective date, if other than the	date of filing:		(option:	al)
n effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be prio	r to date of filing or me cable statutory filing	ore than 90 days after fili requirements, this day	ng.) Pursuant to 605.02 ite will not be listed
cument's effective date on the De	partment of State's record:	s.		
record specifies a delayed		ot an effective t	me, at 12:01 a.n	n. on the earlier
The 90th day after the reco	10 15 HICU.			
November 21	2019			
ted	0 0		- 4	
	Ross R.	141000	rbe	
-	Signature of a member or auti	horized representative	of a member	