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COVER LETTER

	Registration Se Division of Cor			•				
	327 E. BAY	7. LLC		*				
SUBJEC			ited Liability Company					
		Name (i thin	neu thaning Company					
The ench	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please re	turn all correspo	ndence concerning this matter	to the following:					
		Corey Bray						
		Mr. Justi	Name of Person		_			
		LegalNature LLC						
			Firm/Company	·	- " 2			
		8 The Green Suite 4336			022 H			
			Address	<u></u>	- 7: Ar - 7: - 7: - 7: - 7: - 7: - 7: - 7: - 7			
		Dover, DE 19901			2022 HAR I 4 PM 3: 3			
			City/State and Zip Code		ကို လို			
		jonmroz@gmail.com		(147)	3: 3 <u>.</u>			
For furth	er information c	oncerning this matter, please co	to be used for future annual report not all:	meanon				
Corey B			888 881-1139					
	Name o	f Person	at () Area Code Daytin	ne Telephone Numb	 Der			
Enclosed	l is a check for t	he following amount:						
■ \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy (nat copy is enclosed)			
Mailing Address:			Street Address:	action				
Registration Section		Registration Section Division of Corporations						
Division of Corporations P.O. Box 6327			The Centre of	•				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

327 E. BAY, 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 $\frac{12/10/2019}{1}$ and assigned Florida document number 1,19000301023 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Liberty Bay Properties LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 333 E. Bay St. Enter new principal offices address, if applicable: Jacksonville (Principal office address MUST BE A STREET ADDRESS) FL 32202 13830 Cyrus Ct. Enter new mailing address, if applicable: Jacksonville (Mailing address MAY BE A POST OFFICE BOX) FL 32224 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: N/A Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

333 E. Bay St.

Jacksonville

Enter Florida street address

_. Florida 32202 Zip Code 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>	<u>Address</u>	Type of Action
AMBR	Madison Ferra	333 E. Bay St.	
		Jacksonville	□Remove
		FL 32202	■ Change
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effective date is listed, the date must be specific and cannot If the date inserted in this block does not meet to	he applicable					
ment's effective date on the Department of State's	s records.					
ord specifies a delayed effective date, but not an elfiled.	ffective time.	at 12:01 a.m.	on the earlier o	of: (b) The	90th d	ay after t
The de						
March 3 20)22					
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Signature of a memb	per or authorize	ed representative	of a member	<u>-</u>		 -