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Account Number: 074323003114
Phone: (904)353-2000
Fax Number: (904)358-1872 er the email address for this business entity to be used for much annual report mailings. Enter only one email address please.\*\* O

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DOUBLE VIEW, LLC

| Certificate of Status | 0       |
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T. LEMIEUX OCT 25 2024 - Page: 2 of 4

2024-10-24 15:38:31 EDT

Holland & Knight, LLP

From: Sabrina.Leppen@hklaw.com

## ARTICLES OF AMENDMENT TO

(((H240003552563)))

ARTICLES OF ORGANIZATION OF

| Double View, LLC   | . 11 1 100 . C   | 1   |  |                                   |  |
|--|--|---|--|-----------------------------------|--|
| (Name of the Limi  | (A Florida Limited   | ny as it now appears on our l<br>Liability Company) | recoras.)                                |                                   |  |
| The Articles of Organization for this Limited L  | iability Company   | were filed on 12/16/2019                            |  | and assigned                      |  |
| Florida document number 1.19000304574  | ·  |   |  |                                   |  |
| This amendment is submitted to amend the following   | owing:   |   |  |                                   |  |
| A. If amending name, enter the new name of   | f the limited liab   | ility company here:                                 |  |                                   |  |
|  |  |   |  |                                   |  |
| The new name must be distinguishable and contain the v   | words "Limited Liabi                                       |   |  | iation "L.L.C."                   |  |
| Enter new principal offices address, if applicable:  |  | 12807 Jebb Island Circle                            | \$                                       |                                   |  |
| (Principal office address MUST BE A STREE  | <u>ET ADDRESS)</u>   | Jacksonville, FL 32224                              | , <u>,,</u>                              | 2024                              |  |
|  |  |   |  | <u> </u>                          |  |
| Futor war mailing address if applicables   |  | 12807 Jebb Island Circle                            | S 2.5                                    | T 24                              |  |
| Enter new mailing address, if applicable:  | ROV  | Jacksonville, FL 32224                              | 40                                       | P                                 |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |   | <u> </u>                                 | =                                 |  |
|  |  |   | <u> </u>                                 | 55                                |  |
| B. If amending the registered agent and/or   |  | address on our records, g                           | enter the name of                        | the new registered                |  |
| agent and/or the new registered office addre   | ss nere:   |   |  |                                   |  |
| Name of New Registered Agent:  | Connie O. Grui   | obs   |  |                                   |  |
| New Registered Office Address:   | 1213 Trailwood   | d Dr.   |  |                                   |  |
| New Registered Office Address.   | Enter Florida street address                               |   |  |                                   |  |
|  | Neptune Beach  |   | _, Florida <u></u>                       |                                   |  |
|  |  | City  | 2  | Zip Code                          |  |
| New Registered Agent's Signature, if changing  | Registered Agent:  |   |  |                                   |  |
| I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this | er and complete<br>istered agent as p<br>registered office | performance of my duti<br>provided for in Chapter   | es, and I am fami<br>605, F.S. Or, if th | lliar with and<br>his document is |  |

If Changing Registered Agent, Signature of New Registered Agent

Consie Gussig

Page: 3 of 4 2024-10-24 15:38:31 EDT Holland & Knight, LLP From: Sebnine. Lappen, @hklaw.com

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | Address                     | Type of Action  |
|--------------|-----------------|-----------------------------|-----------------|
| MGR          | Carol Lovell    | PO Box 624                  | □Add            |
|              |                 | Cornelia, GA 30531          | <b>≅</b> Remove |
|              |                 |                             | (_)Change       |
| MGR          | Lindsey Grubbs* | 12807 Jebb Island Circle S. | □Add            |
|              |                 | Jacksonville, FL 32224      | □Remove         |
|              |                 |                             | =Change         |
|              | <del></del>     |                             | □Add            |
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| Lindsey Grubbs, as Personal   | Representative of the Carol O. Lovell Estate                       |   |
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| ective date, If other than the a effective date is listed, the date mute: If the date inserted in this bit inment's effective date on the D | date of filing:  | optional) safter filing.) Pursuant to 605.0207 ( s, this date will not be listed as t |
| cord specifies a delayed effectiv<br>s filed.   | e date, but not an effective time, at 12:01 a.m. on the earlier of | of: (b) The 90th day after the  |
| October 21  | 2024   |   |
|   | Sudn   |   |
|   | Signature of a member or authorized representative of a member     |   |