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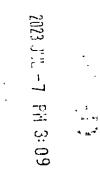
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COVER LETTER

	sion of Corp			**
SUBJECT:	The Native I	Land Company, LLC		
SONGECT.		Name of Lim	ited Liability Company	20
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	2023 (11) -
Please return	all correspor	idence concerning this matter	to the following:	-7 Pi
		Maria Mathews		က်
			Name of Person	09
		The Native Land Company	r. LLC	
			Firm/Company	
		1065 Riverside Drive		
			Address	
		Palmetto, FL 34221		
			City/State and Zip Code	
		Maria@nativelandcompany		
For further in	formation co	ncerning this matter, please ca	to be used for future annual rep	ort notification)
Maria Mathe			941 932-0	
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling Fec	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 TO ARTICLES OF ORGANIZATION OF

The Native Land Company, LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)		
		<u>ယ</u> · •	
The Articles of Organization for this Limited Liability Company	were filed on 01/08/2020	and assigned	
Florida document number L20000005523			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1065 Riverside Drive		
• • •	Palmetto, FL 34221	***************************************	
Principal office address MUST BE A STREET ADDRESS)			
	1065 Riverside Drive		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	Palmetto, FL 34221		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nar</u>	ne of the new register	
agent and of the new registered office address nere.			
Name of Name Designated Assess			
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 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 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>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the date is effective date is listed, the date must be speed. If the date inserted in this block d	pecific and cannot be prior to loes not meet the applicab	date of filing or more than the statutory filing require	(optional) 90 days after filing.) Purements, this date will	rsuant to 605.0207 not be listed as
cument's effective date on the Departi	ment of State's records.			
cord specifies a delayed effective date s filed.	e, but not an effective time	e, at 12:01 a.m. on the ea	urlier of: (b) The 90	th day after the
ted July 5th	2023			
R.Ph	١			
	I iture of a member or authori:		.L	

Filing Fee: \$25.00