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TO:

Registration Section

Division of Cor	rporations				
Ormond A	rms, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Melody Lankford, Esq.				
	Name of Person				
	Lankford Law Firm, PA				
		Firm/Company			
	140 South Beach Street, Suite 310				
		Address			
	Daytona Beach, FL 32114				
		City/State and Zip Code			
	mlankford@lankfordlawfirt	n.com to be used for future annual report notifi	cation)		
For further information c	concerning this matter, please co	·	catazir		
	and manner, produce of	850 264-7004			
Melody Lankford, Esq.			Telephone Number		
Name c	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Statute of Certified Copy (additional copy is enclosed)		
Mailing Address Registration : Division of C P.O. Box 632 Tallahassee,	Section Forporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Ψ allahassee Street, Suite 810	ij	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ormond Arms, 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 $\frac{2/13/2020}{2}$ _____ and assigned Florida document number 1,20000051152 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 linged 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
MGR	Nika Katsadze	100 Silver Beach Ave., Apt. 416	□Add
		Daytona Beach, FL 32118	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			Dechange
			Add Remove
			D Remove ∞
			. ₩ □Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil Fibt be listed as the document's effective date on the Department of State's records. Ψdÿ If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 10th day after the record is filed. Dated February 26 2021 yer Calabreae Signature of a member of authorized representative of a member Christopher Calabrese, Manager Typed or printed name of signee

Filing Fee: \$25.00