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(((H24000355260 3)))



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Account Number : 074323003114 Phone : (904)353-2000 Fax Number : (904)358-1872

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T. LEMIEUX

OCT 25 2024

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Help

Holland & Knight, LLP

From: Sebrina.Lappen@hklaw.com

ARTICLES OF AMENDMENT ' TO ARTICLES OF ORGANIZATION OF

(((H240003552603)))

Zeurelton, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited I	iny as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited L Florida document number 1.20000056816	iability Company	were filed on <u>02/19/202</u>	20	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	of the <u>limited liab</u>	ility company here:		
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designati	on "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applie		12807 Jebb Island Circ		
(Principal office address MUST BE A STREI	Jacksonville, FL 32224	1		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or i	registered office a	12807 Jebb Island Circ Jacksonville, FL 32224	:	2024 OCT 24 PH 2: new register image titlenew register
agent and/or the new registered office addre	ss here:			₩ 3
Name of New Registered Agent:	Connic O. Grui	obs		
New Registered Office Address:	1213 Trailwood			
	Neptune Beach	Enter Florida stre	et address , Florida _	32266
	· · · -	City	, FIOLIGA _	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.

Connie	Gusts
If Changing Register	red 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

Page: 3 of 4

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carol Lovell	PO Box 624	
		Cornelia, GA 30531	≡ Remove
			□Change
MGR	Lindsey Grubbs*	12807 Jebb Island Circle S.	□Add
		Jacksonville, FL 32224	□Remove
			■ Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Aċd
			Remove
			Change
			□Add
			□Remove
			□ Change

ĩo:

Please note - the below is the fu	ill spelling for the above referenced up	dated authorized Manager
Lindsey Grubbs, as Personal Re	epresentative of the Carol O. Lovell Es	state
	<u> </u>	
	C CU	(a-though)
effective date is listed, the date must b	k does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.020 y filing requirements, this date will not be listed to
ord specifies a delayed effective of filed.	date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after th
October 21	2024	

Typed or printed name of signee

Lindsey Grubbs, as Personal Representative of the Carol O. Lovell Estate