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COVER LETTER

TO: Registration Se Division of Cor		, .	
	CHOBEE LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JILI. ROONEY		
		Name of Person	
	TL OKEECHOBEE LLC		
		Firm/Company	
	2251 LANDMARK PLAC	E	
		Address	
	MANASQUAN, NJ 08736	,	
		City/State and Zip Code	
	JROONEY@JERSEYMIKI		
		to be used for future annual repor	т пописанов)
For further information	concerning this matter, please ca	all:	
JILL ROONEY		732 223-404	14
Name (of Person	at () Area Code D	aytime Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & . Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u>	<u> </u>	<u>Street Addre</u>	<u>ss:</u>

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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



TL OKEECHOBEE 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 Comp.	any were filed on APRIL 2	4. 2020 and assigned
Florida document number 1.20000111851		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designa-	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our record	s, enter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida str	eet address
		Florida
	City	Zip Coxle
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and	agree to act in this capac	city. I further agree to comply wi

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
AMBR	ASHLEY CANCRO	2251 LANDMARK PLACE	■Add
		MANASQUAN, NJ 08736	□Remove
			□Change
MGR	EVAN MAYER	2251 LANDMARK PLACE	□Abd
		MANASQUAN, NJ 08736	■Remove
			□Change
		·	□Add
			Remove
			□ Add □ C
			□Change
			□Remove
			□ Change
			□Remove
			□Change

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Tective date, if other than the data effective date is listed, the date must be ote: If the date inserted in this block becament's effective date on the Dep	se specific and cannot be pr k does not meet the app	licable statutory	or more than 90 days	optional) after filing.) Pursuant to 605.02 , this date will not be listed
record specifies a delayed effective is filed.	date, but not an effective	e time, at 12:01 a	.m. on the earlier o	f: (b) The 90th day after t
ated AUGUST 21		<u>)</u> . ,		
	-///		m	
	ignature of a member or a			