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| Special Instructions to Fil | ing Officer: | |
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COVER LETTER

| TO: Registration Division of C | | | | | | |
|-------------------------------------|---|---|--|--|--|--|
| | ONE ELM, LLC | | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all corres | spondence concerning this matter | to the following: | | | | |
| | Garrett M. Carney | | | | | |
| Name of Person | | | | | | |
| | | | | | | |
| Firm/Company | | | | | | |
| | 4001 Tamiami Trail North | 4001 Tamiami Trail North, Suite 300 Address | | | | |
| | | | | | | |
| | Naples, FL 34103 | | | | | |
| | | City/State and Zip Code | | | | |
| | gcarney@cyklawfirm.com E-mail address: (| to be used for future annual report notific | ation) | | | |
| For further information | n concerning this matter, please c | • | • | | | |
| Garrett M. Carney | | 239 435-3535 | | | | |
| | e of Person | at () Area Code Daytime T | Celephone Number | | | |
| Enclosed is a check for | r the following amount: | | | | | |
| ■ \$25,00 Fiting 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 Addi</u> Registration | | Street Address: Registration Secti | 25 7 1 1 1 1 1 1 1 1 1 1 | | | |

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

| LAZY LONE ELM. LLC | | |
|---|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) Jability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number 85-4070765 | were filed on 04/29/2020 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" of | 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) | | _ <u>.</u> |
| | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | iddress on our records, <u>enter th</u> | e name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Flor | ida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent; | | 2024 SE(|
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as played to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and provided for in Chapter 605, F. | her agree to comply with the I am familiar with and S. Or, if this document is |

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 | WAYNE L. MANSON | 821 Gulf Pavilion Drive, Apartment 203 | ≣ Add |
| | | Naples. FL 34108 | □Remove |
| | | | □Change |
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| | | | □Remove |
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| | if other than the | date of filing | ,. | | | _ (optional | \ | | |
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| If an effective date | | | | ibie statutory ti | ing requireme | nts, trus dat | e wiii not | be listed | as t |
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