7/20/22, 2:33 PM

Division of Corporations

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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WARD, DAMON & POSNER, P.A.

Account Number : 072262000447 : (561)842-3000 ; (561)842-3626 Fax Number

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one penail address please

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FROST POINT PROPERTIES, LLC

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COVER LETTER

| | Registration Sec Division of Corp | | |
|-----------------|---|--|---|
| o m rec | | NT PROPERTIES, LLC | |
| SORTEC | T: | Name of Limi | ited Liability Company |
| The encl | osed Articles of A | Amendment and fee(s) are sub | mitted for filing. |
| Please re | turn all correspon | ndence concerning this matter | to the following: |
| | | Adam R. Seligman | |
| | | | Name of Person |
| | | Ward Damon PL | |
| | | | Firm/Company |
| | | 4420 Beacon Circle | |
| | | | Address |
| | | West Palm Beach, FL 3340 |)7 |
| | | | Ciry/State and Zip Code |
| | | aseligman@warddamon.coi E-mail address: (| to be used for future annual report notification) |
| For furth | ner information c | oncerning this matter, please c | all: |
| Adam R | . Seligman | | 561 842-3000 at () Area Code Daytime Telephone Number |
| | Name o | f Person | Area Code Daytime Telephone Number |
| Enclosed | i is a check for th | ne following amount: | |
| ≅ \$2 5. | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is exclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, 1 | Section orporations 7 | 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

| FROST POINT PROPERTIES, LLC | | | | |
|---|--|-----------------|----------------------|-------------|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our r Liability Company) | ecords.) | | |
| The Articles of Organization for this Limited Liability Company | were filed on <u>5/20/2022</u> | | and assigned | |
| Florida document number L20000136490 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation | "LLC" or the ab | brevistion "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: | | <u> </u> | | _ |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | _ |
| | | _ | | - |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, g | nter the nam | e of the new registe | <u>ered</u> |
| | | | 202 | |
| Name of New Registered Agent: | | | | - |
| New Registered Office Address: | | | - : !~~ | |
| | Enter Florida street o | | 0 72 | - |
| | City | _, Florida | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent | • | | | ; |
| Sem wedisteden Washes allarantee in changing wedisteden Washe | <u>.</u> | 7.6 .1 | ω | . l |

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> | Name | <u>Address</u> | Type of Action |
|--------------|----------------|---------------------------|----------------|
| AR | PAUL FORBERGER | 120 S OLIVE AVE, STE 404 | ■ Add |
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| iote: I | ve date, if other crive date is listed, the fate inserted nt's effective date | in this block do- | es not me | ect the appli | cable statut | iling or more to | (0p han 90 days a quirements, t | otional) fter filing.) Pur this date will | suent to 605.0207 not be listed as |
| record d is file | specifies a delaye | d effective date, | but not a | n effective | time, at 12: | Olam, on t | ne earlier of: | (b) The 90 | h day after the |
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