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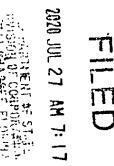
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S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

3808 Ironbridge Blvd, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gordon R. Duncan Name of Person Duncan & Associates, P.A. Firm/Company 1601 Jackson St. #101 Address Ft. Myers, Florida 33901 City/State and Zip Code Gordon@duncanassociatesfl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gordon R. Duncan 239 334-4574 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3808 Ironbridge Blvd. 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 Liabil	lity Company wer	e filed on 6/25/20		and assigned
Florida document number L20000178505	·			
This amendment is submitted to amend the followir	ng:			
A. If amending name, enter the new name of the	e limited liability	company here:		
3804 Ironbridge Blvd. LLC				
The new name must be distinguishable and contain the words	"Limited Liability C	ampany," the designat	ion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable:	- 1 -			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ess on our records	s, <u>enter the name</u>	of the new registered
agent and/or the new registered office address no	<u>ere</u> .			
Name of New Registered Agent:				
Tame of New Registered Agent.	•	-		
New Registered Office Address:		Enter Florida stre	vet address	
_		City	Florida	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	•		,
I hereby accept the appointment as registered as		eact in this canac	ity I further our	e to comply with the
provisions of all statutes relative to the proper a				• •
accept the obligations of my position as registere		•	•	
being filed to merely reflect a change in the regi, company has been notified in writing of this char		ress, i nereny con	jam inai ine iimi	жа наониу

If Changing Registered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gregory Valentine	2904 NE 3rd Ave. Cape Coral, FL 33909	□Add
			Remove
			□ Change
MGR	Out There Holdings LLC	2904 NE 3rd Ave. Cape Coral, FL 33909	■Add
			□Remove
			Change
MGR	Michael Valentine	2904 NE 3rd Ave. Cape Coral, FL 33909	■Add
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