K. SALY

JUN 20 2024

COVER LETTER

TO: Registration S Division of Co			
SATET LI SUBJECT:	LC		
JOBSECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Laura C. Pync		
	- "	Name of Person	
	PYNE LAW GROUP, P./	4	
•		Firm/Company	
	2309 FRANKFORD AVE		
		Address	
	PANAMA CITY, FL 324	05	
		City/State and Zip Code	
	laurapyne@pynelawgroup.		
•	E-mail address:	to be used for future annual report not	(fication)
For further information of	concerning this matter, please o	all:	
Laura C. Pync		at (850) 215-9090 Area Code Daytin:	
Name o	of Person	Area Code Dayting	ne Telephone Number
Enclosed is a check for the	he 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)
Mailing Addres	is:	Street Address:	

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

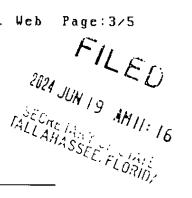
06/19/2024 14:54

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From: 18502159045

Pyne Law Group, P.A. Web Page: 3/

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SATET 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 Company were filed on _____ July 7, 2020 and assigned Florida document number ____L20000182092 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 23RD CIRCLE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

06/19/2024 14:54

From: 18502159045

Pyne Law Group, P.A. Web Page:4/5

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action Add
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			Remove
			DChange T
			Dadd.
			DRemaye:
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Effective date, (If an effective date Note: If the dat document's effe	is listed, the dat e inserted in th	le must be spec his block doe	ific and canno s not meet th	ie applicable	ate of filing or restautory filing	nore than 90 da ng requiremen	(optional) ys after filing its, this date) Pursuant to	605.0207 (listed as th	3)(b) he
the record specifies cord is filed.	s a delayed efl	fective date, t	out not an ef	fective tim e ,	at 12:01 a.m.	on the earlie	rof:(b) Th	e 90th day :	after the	
Dated June 19	 (- -		202	<u> </u>	2					

Filing Fee: \$25.00

Typed or printed name of signee