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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAHLIKRAN GROVE, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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CAHLIKRAN GROVE, 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 07/27/2020

Florida document number L20000222932

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ility Company," the designation "ULC" or the abbreviation "L.L.C."	
11231 US HWY I	
#106	
North Palm Beach, Florida 33408	
11231 US HWY 1	
#106	
North Palm Beach, Florida 33408	

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:	THE LAW OFFICES OF N	ICK SPRADLIN, PLLC
New Registered Office Address:	4300 BISCAYNE BLVD. SUITE 203	
	Ent	er Florida street address
	MIAMI	, Florida ³³¹³⁷
	City	Zip Code

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.

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	NICKOLAS I SPRADLIN	18801 N. DALE MABRY HWY	□Add
		STE 119	
		LUTZ 33548 UN	
AMBR	Jason L Milliken	11231 US HWY [
		#106	
		North Palm Beach, Florida 33408	
			•
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			□ Add
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E. Effective date, if of	ther than the date of filing:	(
Note: If the date inse	ted, the date must be specific and cannot be prior to date of filing erted in this block does not meet the applicable statutory to date on the Department of State's records.	or more than 90 days after Gline \ Durant - + +	605.0207 (3)(b) risted as the
If the record specifies a de record is filed.	played effective date, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th day 3	
Dated	2021	L AHA:	2021 OCT 3021 OCT
7	76 2	SSEE.	ار ال
	Signature of a member or authorized representa	tive of a member	
NICKOLA	AS J. SPRADLIN AUTHORIZED REP OF A MEMBER	XA III	မှ