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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	475 Carica R	d., LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Michael Gentzle		
			Name of Person	
		Coleman, Yovanovich & k	Coester, P.A.	
			Firm/Company	
		4001 Tamiami Trail North	, Suite 300	
			Address	
		Naples, FL 34103		
			City/State and Zip Code	•
		markstout@rocketmail.com		
		E-mail address: (i	to be used for future annual report no	otification)
For further in	nformation cor	ncerning this matter, please ca	all:	
Michael Ger	ntzle		239 435-3535 at ()	
	Name of I	^p erson	Area Code Dayti	ime Telephone Number
Enclosed is a	a check for the	following amount:		
■ \$ 25.00 B	iling 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 Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

475 Carica Rd., LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L21000002771	mpany were filed on 01/05/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or th	e abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
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 r	name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		920 P
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	zip coae

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 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	Christopher J. Stout	1035 COLLIER CENTER WAY STE 8	
		NAPLES, FL 34110	■Remove
			□Change
			🗆 Add
			□Remove
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			🗖 Add
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reffective date is listed, the date must te: If the date inserted in this blo cument's effective date on the De	ck does not meet	the applicable	ite of filing or more statutory filing r	than 90 days after f equirements, this	ding.) Pursuant to 605 date will not be list	5.020 ted at
ecord specifies a delayed effective is filed.	date, but not an	effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th day afte	r the
October 11	2	2021				
~~~	Signature of a men	ber or authorize	d representative of	a member		