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COVER LETTER

TO: Registration So Division of Coa			
Madeira No	orte 308 LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PATRICIA PAPP		
		Name of Person	
	Madeira Norte 308 LLC		
		Firm/Company	
	F3000 Gulf Blvd. #308		
		Address	
	Madeira Beach, FL33708		
	stay@madeiranorte308.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
PATRICIA PAPP		727 537-9176	
Name of Person		at () Area Code Daytim	e 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		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632	-	Division of Cor	-
Tallahassee. 1		The Centre of T	allanassee e Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Madeira Norte 308 LLC		
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12/29/2020 and ass	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	24	
		-17
	- SSE	
inter new mailing address, if applicable:	1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 ·	M D
Mailing address MAY BE A POST OFFICE BOX)	[S]:	
	DA S	
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	nddress on our records, <u>enter the name of the new</u>	<u>regis</u>
Kame of New Registered Agent		
New Registered Office Address:	Enter Florida street address	
	, Florida	

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>	<u>Address</u>	Type of Action
AMBR	Raymond Papp	13000 Gulf Blvd. #308 Madeira Beach, FL 33708	
			= Add
			□Remove
AMBR	Definition to the second		□Change
————	PATRICIA PAPP (Nee Rose)	13000 Gulf Blvd. #308 Madeira Beach, FL33708	□ Add
			□Remove
			Change
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document's effective date on the l	block does not meet the appli Department of State's record	cable statutory filing requ s.	(optional) in 90 days after filing.) Pursuant to 605.0207 airements, this date will not be listed as
record specifies a delayed effecti d is filed.	ive date, but not an effective	time, at 12:01 a.m. on the	e carlier of: (b) The 90th day after the
22 April Dated	2024		
\(\) / \(\)	· · · · · · · · · · · · · · · · · · ·		
	Signature of a member or auth		