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COVER LETTER

| TO: | | ation Sect n of Corpo | | | | | |
|-----------------------------------|------------|--------------------------|--|--|-------------------|---|--|
| CUD IE | | l N Jacob | St LLC | | | | |
| SUBJE | C1: | | Name of Lim | ited Liability Company | | | |
| The enc | losed Ar | ticles of A | mendment and fec(s) are sub | mitted for filing. | | | |
| Please r | eturn all | correspond | dence concerning this matter | to the following: | | | |
| | | | Samuel J. Vincent, Esq. | | | | |
| | | | | Name of Person | | | |
| | | | Samuel J. Vincent, Attorne | y-at-Law | | | |
| | | | | Firm/Company | <u> </u> | | |
| 700 12th St NW, Ste 700, No 95187 | | | | | | | |
| | | | Address | | | | |
| | | | Washington, DC 20005 | | | | |
| | | | | City/State and Zip Code | | | |
| | | | samvincent1096@gmail.com | | | | |
| | | | | to be used for future annual rep | ort notification) | | |
| For furth | her infor | mation con | ocerning this matter, please ca | ıll: | | | |
| Samuel | J. Vince | nt, Esq. | | 561 427-3 | | | |
| | | Name of F | Person Person | at ()_ Area Code | Daytime Telephor | ie Number | |
| Enclose | d is a che | eck for the | following amount: | | | | |
| ■ \$2 5 | .00 Filin | g Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 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

| 321 N Jacob St LLC | | <u> </u> | | |
|--|--|--|---------------------------------|--|
| (Name of the Lim | ited Liability Compa (A Florida Limited I | ny as it now appears on our reco liability Company) | ords.) | |
| The Articles of Organization for this Limited I | | were filed on February 25, 20 | 021 and assigned | |
| Florida document number L21000094695 | · | | | |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name | of the limited liabi | lity company here: | | |
| Notre Thames LLC | | | | |
| he new name must be distinguishable and contain the | words "Limited Liabili | ity Company," the designation "L | LC" or the abbreviation "L.IC." | |
| Enter new principal offices address, if appli | cable: | 321 N Jacob St | | |
| Principal office address MUST BE A STRE | | South Bend, IN 46617 | | |
| | | | | |
| | | 700 12 L 0 AVIII | | |
| Enter new mailing address, if applicable: | | 700 12th St NW | | |
| <u>Mailing address MAY BE A POST OFFICE</u> | EBOX) | Ste 700. No 95187 | | |
| | | Washington, DC 20005 | | |
| 3. If amending the registered agent and/or gent and/or the new registered office addre | registered office a ess here: | ddress on our records, <u>ent</u> e | er the name of the new regis | |
| Name of New Registered Agent: | Forrest Vincent | | | |
| New Registered Office Address: | 15908 77th Trl 1 | N. | | |
| | | Enter Florida street addr | ress | |
| | West Palm Bch | I | Florida 33418 | |
| | | 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.

f Changing Registered Agent, Sign

Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------|----------------------|----------------|
| AMBR | Anna Vincent | 321 N Jacob St | 🗀 Add |
| | | South Bend, IN 46617 | □Remove |
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| fective date, if other than n effective date is listed, the date ote: If the date inserted in thi cument's effective date on th | must be specific and s block does not r | d cannot be prior to neet the applica | o date of filing or | more than 90 day | (optional) s after filing.) Pur s, this date will | suant to 605.02 not be listed |
| ecord specifies a delayed effe is filed. | ctive date, but not | an effective tin | ne, at 12:01 a.m | on the earlier | of: (b) The 901 | h day after th |
| ted | | 2021 | | | | |
| <i></i> | Signature of a | member or author | b⇔d representativ | | <u>.</u> | |

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Filing Fee: \$25.00