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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : HAND ARENDALL HARRISON SALE LLC

Account Number : 129199999128 Phone : (859)769-3434 Fax Number : (859)769-6121

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

Enail Address: aaron@solidgroundhomebuvers.co

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOLID GROUND LAND COMPANY, LLC

| (particular programme) regular programme programme and a complete and | |
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| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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SEP 13 2022

| Page: 3 | of 6 2022-09-1 | 12 16:10:04 CDT | 850-769-6121 | From; Panama City Receptionist | | | | | |
|-------------------------------------|---|---|------------------------|--|--|--|--|--|--|
| COVER LETTER | | | | | | | | | |
| TO: Registration: Division of Co | | | 6 | • | | | | | |
| Solid Gre | und Land Company, LLC | | | | | | | | |
| SUBJECT: | Name of Li | mited Liability Company | | | | | | | |
| | | | | | | | | | |
| The enclosed Articles of | of Amendment and fee(s) are su | ibmitted for filing. | | | | | | | |
| Please return all corresp | condence concerning this matter | er to the following: | | | | | | | |
| | William Q Platt IV, Esq. | | | | | | | | |
| | | Name of Person | | | | | | | |
| | Hand Arendall Harrison | Sale | | | | | | | |
| | 10-20-1 | Firm/Company | | | | | | | |
| | Post Office Drawer 1579 | 1 | | | | | | | |
| | | Address | | | | | | | |
| | Panama City, FL 32402 | | | | | | | | |
| | | City/State and Zip Code | : | | | | | | |
| | aaron@solidgroundhome& E-mail address: | Myers co (to be used for future annua | I report notification) | | | | | | |
| For further information | concerning this matter, please | | · | | | | | | |
| Stephanie Slack | | | 69-3434 | | | | | | |
| Name | of Person | at () Area Code | Daytime Telephone N | umber | | | | | |
| | | | | | | | | | |
| Enclosed is a check for | the following amount: | | | | | | | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee Certified Copy (additional copy is en | Cer nlosed) Cer | 00 Filing Fee, tificate of Status & tified Copy though copy is enclosed) | | | | | |
| | | | | | | | | | |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To.

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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:

850-769-6121

MGR = Manager AMBR = Authorized Member

, Page: 5 of 6

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---|----------------|
| MGR | AARON HALE | 73 PELICAN BAY DRIVE | ■Add |
| | | SANTA ROSA BEACH, FL 32459 | Remove |
| | | | □Change |
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Typed or printed name of signee

2022-09-12 16:10.04 CDT

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