L21000108191

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Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations					
CHD IVOT.	2021 Murco	ott, LLC					
Name of Limited Liability Company							
The mode of	l Amilalaa a	A	to 16 Gr				
i ne enciosed	Articles of	Amendment and fee(s) are sub	mitted for liling.				
Please return	all correspo	ndence concerning this matter	to the following:				
		William Rocker					
			Name of Person				
		2021 Murcott, LLC					
			Firm/Company				
		2730 13th Street					
		Validado, o p	Address				
The enclosed Articles of Amendment and fee(s) are submitted for filing. Itease return all correspondence concerning this matter to the following: William Rocker							
		-	City/State and Zip Code				
		E-mail address: (to be used for future annual report notification)				
For further ir	iformation c	oncerning this matter, please ca	all:				
William Roc	ker		407 729-1952				
Name of Person		f Person	Area Code Daytime Telephone Number				
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	iling Fee		Certified Copy Certificate of Status &				
		orporations	Division of Corporations				
). Box 632		The Centre of Tallahassee				

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T 33 211 + 14 2021 Murcott 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 March 5, 2021 and assigned Florida document number ______L21000108191 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
AMBR	Abbie & Me LLC	1541 E IRLO BRONSON MEMORIAL HWY	= Add
		SAINT CLOUD, FL 34771	🗆 Remove
			□Change
AMBR	Big & Pretty Trust	P.O Box 700607	= Add
		St. Cloud, FL 34770	□Remove
			□Change
			□Add
			Remove
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Septe ted		Sign	ature of a me	mber or author	orized represen	ntative of a mer	nber		<u>.</u>

Filing Fee: \$25.00