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| Special Instructions to Filing Officer: |
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OIVISION OF CORPORATION 03

T. MATTHEWS
JUN 16 2022

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: | relopment FL, LLC Name of Lin | ited Liability Company | | | |
|--------------------------------|--|---|---|--|--|
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | Nailya Harnisch | | | | |
| | | Name of Person | | | |
| | Capital Development FL. | LLC | | | |
| | | Firm/Company | <u>. </u> | | |
| | 26233 Sackamacon Dr | | | | |
| | | Address | ri | | |
| | Sorrento, Fl. 32776 | | | | |
| | | City/State and Zip Code | | | |
| | harnisch13555@gmail.com | | | | |
| | E-mail address: (| to be used for future annual report not | ification) | | |
| For further information c | oncerning this matter, please c | all: | | | |
| Nailya Harnisch | | 904 207-4342 | | | |
| Name o | f Person | at () Area Code Daytin | ne Telephone Number | | |
| Enclosed is a check for th | ne 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 Address Registration S | Section | Street Address: Registration Se | | | |
| Division of C P.O. Box 632 | • | | Division of Corporations The Centre of Tallahassee | | |
| Tallahassee, I | | | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N FILES SECRETARY OF STATE STYLISTON OF CORPORATIONS

Capital Development FL, LLC

22 APR 25 &M 10: 03

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| B. If amending the registered agent and/or registered office address on our records, enter the nar agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address | me of the new registered |
|--|--------------------------|
| | me of the new registered |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| Enter new mailing address, if applicable: | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a | abbreviation "L.L.C." |
| A. If amending name, enter the new name of the limited liability company here: | 11 11 W 1 0 N |
| This amendment is submitted to amend the following: | |
| The Articles of Organization for this Limited Liability Company were filed on $\frac{3/09/2021}{\text{Elorida document number}}$. | and assigned |

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 |
|--------------|-----------------|---|----------------|
| MGR | Nailya Harnisch | 26233 Sackamaxon Dr. Sorrento, FL 32776 | ■Add |
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| Typed or printed name of signee | | | | | |

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