L21000120604

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Notices) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



800366891098



COVER LETTER

| SUBJECT: | Princess L | ane Realty Group, L.L.C. | | | |
|-----------------------------------|--|---|---|--|--|
| Name of Limited Liability Company | | | | | |
| | of Amendment and fee(s) are su | | | | |
| Please return all corresp | condence concerning this matte | r to the following: | | | |
| | Anita R. McKenzie | | | | |
| | | Name of Person | | | |
| | Princess Lane Realty Gro | up, L.L.C. | | | |
| | | Firm/Company | | | |
| | 27514 Baretta Drive | | | | |
| | | Address | | | |
| | Bonita Springs, FL 34135 | 3 | | | |
| | | City/State and Zip Code | | | |
| | anitarme l@gn E-mail address: | nail.com (to be used for future annual report notific | | | |
| For further information of | concerning this matter, please o | | racion) | | |
| Anita R. McKenzie | | 239 289-8095 | | | |
| Name o | of Person | at () Area Code Daytime | 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) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Addres Registration S | | Street Address: | | | |

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

TO:

Registration Section
Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Princes | Lane Realty Group, L.L.C. | | |
|--|---|------------------------------|--|
| (Name of the Limited Li (A Fl | ability Company as it now appeorida Limited Liability Company | ara on our records.) | |
| The Articles of Organization for this Limited Liability | ty Company were filed on | March 15, 2021 | and assigned |
| Florida document numberL21000120604 | | | and assigned |
| This amendment is submitted to amend the following | 3 : | | |
| A. If amending name, enter the new name of the | limited liability company l | <u>iere</u> : | |
| The new name must be distinguishable and contain the words " | Limited Liability Company," the | designation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET AD | DRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registe | red office address on our 1 | ecords, enter the name | of the new registers. |
| agent and/or the new registered office address her | g: | | The state of the s |
| Name of New Registered Agent: | | | . |
| New Registered Office Address: | | | |
| TAIL DAGGARDA OTHER URINESS. | Enter Flor | rida street address | |
| | | , Florida | |
| | 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.

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

| Title | Name | Address | Type of Action |
|-------|--------------------|---------------------------------------|------------------|
| AMBR | Anita R. McKenzie | 27514 Baretta Drive | Ò ₽Add |
| | | Bonita Springs, FL 34135 | (TIP |
| | | | Change |
| AMBR | Donald L. McKenzie | 27514 Baretta Drive | |
| | | Bonita Springs, FL 34135 | □Remove |
| | | | □ Change |
| MGR . | Anita R. McKenzie | 27514 Baretta Drive | □Add |
| | | Bonita Springs, FL 34135 | b ⊋Remove |
| | | | Change |
| MGR | Donald L. McKenzie | 27514 Baretta Drive | □Add |
| | | Bonita Springs, FL 34135 | NRemove |
| | | | □ Change |
| | | | |
| | | | □Remove |
| · | | · · · · · · · · · · · · · · · · · · · | ☐ Change |
| | | | DAdd |
| | | | □Remove |
| | | | Change |

| will61 | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at's effective date on the Department of State's records. |
| record d is filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated _ | May 2021 |
| | ante R. MKenner |
| | Signature of a member or authorized representative of a member |
| | |

Filing Fee: \$25.00