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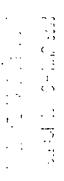
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TO: Registration S Division of Co		•		
DESTIN I	LUXURY GROUP, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	CHRISTINE S. LADWIG			
		Name of Person		
	DUNLAP & SHIPMAN, I	P.A.		
		Firm/Company	-	
	2063 S COUNTY HWY 3	95		
	•	Address		
	SANTA ROSA BEACH.	FL 32459		
		City/State and Zip Code		
	CHRISTINE@DUNLAPSI			
		to be used for future annual report no	tification)	
For further information	concerning this matter, please c	all:		
CHRISTINE S. LADW	IG	850 231-3315		
Name	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	the 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 Addre		Street Address:	ection	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESTIN LUXURY GROUP, LLC			
(<u>Name of the Limi</u>	ted Liability Compar (A Florida Limited L	iv as it now appears on our records.) iability Company)	-
The Articles of Organization for this Limited L	iability Company	were filed on 3/31/2021	and assigned
Florida document number L21000150152	·		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liabi	lity company here:	
CHRISTOPHER HARPER, LLC			
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A - SAME ADDRESS	
(Principal office address MUST BE A STREE	ET ADDRESS)		
			_
Enter new mailing address, if applicable:		N/A - SAME ADDRESS	
(Mailing address MAY BE A POST OFFICE	BOX)		
			. 82
B. If amending the registered agent and/or i	registered office a	ddress on our records, enter the na	me of the new registered
agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	N/A - SAME RE	GISTERED AGENT	
New Registered Office Address:		Enter Florida street address	
		riner r ioriaa sireet aadress	; ;
		, 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

DocuSign Envelope ID: 8803C54F-B179-4554-9CBF-1A3A4C72CE2D ri amenuing Authorized rerson(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
N/A	NO CHANGES		🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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_	/A - NO OTHER CHANGES
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Effecti	e date, if other than the date of filing: (optional)
(If an effe <u>Note:</u>	ctive 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 (3) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
the record	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 d.
Dated _	May 19th
	DocuSigned by:
	E747968215C43D Signature of a member or authorized representative of a member
	Christopher Harper Typed or printed name of signee

Filing Fee: \$25.00