L21000170548

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	egistration Se ivision of Cor			
SUBJECT	•	Road, LLC		
70 BJLC I	• ———	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Luca Di Nunzio		
			Name of Person	
		Dorcey Law Firm		
			Firm/Company	
		10181 Six Mile Cypress Pl	kwy, Suite C	
			Address	
		Fort Myers, FL 33966		
		support@dlfregisteredagent	City/State and Zip Code	
			to be used for future annual report notif	fication)
For further	information c	oncerning this matter, please ca	ali:	
Luca Di N	funzio		239 308-1073 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.00) Filing Fee	□ \$30.00 Fiting 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

OccuSign Envelope ID: B2DB5C2D-4FB4-44CF-B798-AE2AADE2300C ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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36 Millrock Road, LLC

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

(A Florida Lim	ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/13/2021	and assigned
Florida document number <u>L21000170548</u>		
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 I	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	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Frankly districts that I be 12 to 12		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	nee address on our records, enter the	mame of the new register
New Registered Office Address:		
	Enter Florida street address	
	, Florid	ia
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my duties, and it as provided for in Chapter 605, F.S	l am familiar with and S. Or, if this document is
Īf	Changing Registered Agent, Signature of N	ew Registered Agent

DocuSign Envelope ID: B2DB5C2D-4FB4-44CF-B798-AE2AADE2300C II 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
MGR	Roger O. Spool	7334 Acorn Way	□Add
		Naples FL 34119	□Remove
			■Change
			□Add
			□Change
			\ \ \ _ _ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			
			□Remove
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fectiv	e date, if other than the	date of filing:		1	(option	al)
	tive date is listed, the date mus the date inserted in this bl					
	it's effective date on the D			, -	•	
	specifies a delayed effectiv	e date, but not a	n effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
is file	1.					
9	/15/2023					
ated _	DocuSigned by:	·		.•		
	A A C					
	KANY / LOAN					
	ADEDCOMAFSFEAFS	Signature of a me	mber or authoriz	red representative of	a member	

Filing Fee: \$25.00