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INC.

P.O. Box 37066 (32315-7066)

236 East 6th Avenue. Tallahassee, Florida 32303 2315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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SPECIA	L INSTRUCTIONS:	

COVER LETTER

SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Emilia R. Akridge		
		Name of Person	
	Crown Holdings Group, L	LC	
		Firm/Company	
Division of Corporations 9239 HWY ATA, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Emilia R. Akridge Name of Person Crown Holdings Group, LLC Firm/Company 4243 Dunwoody Club Drive, Suite 200 Address Atlanta, GA 30350 City/State and Zip Code eakridge@crownhgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Emilia R. Akridge Name of Person To 391-1233 Area Code Daytime Telephone Number Enclosed is a check for the following amount: ### \$255.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)			
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Division of C	lorporations	-	
P.O. Box 632 Tallahassee,			
rananassee,	CL 34314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9239 HWY A1A, LLC

2211 - J 11111 6.

(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 April 30, 2021 and assigned Florida document number 1.21000190019 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 register and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida	(A Florida Limited	Liability Company)	
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: (Muiling 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		y were filed on April 30, 2021	and assigned
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 and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	This amendment is submitted to amend the following:		
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Enter Florida street address	Name of New Registered Agent:		
	New Registered Office Address:		
, Florida		Enter Florida street add	ress
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		Cin _y	Zip Code

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 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>	Name	Address	Type of Action
AMBR	Anthony M. Romero	409 Magnolia Avenue	= Add
		Melbourne. FL 32951	∃Remove
			□Change
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ective date, if other than to neffective date is listed, the date in this returned in this cument's effective date on the	nust be specific and cannot block does not meet t	he applicable statuto	ling or more than 90 day	(optional) ys after filing.) Pursuant i its, this date will not b	ю 605,0207 e listed as
ecord specifies a delayed effects filed.	tive date, but not an ef	Tective time, at 12:0)1 a.m. on the earlier	of: (b) The 90th day	after the
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